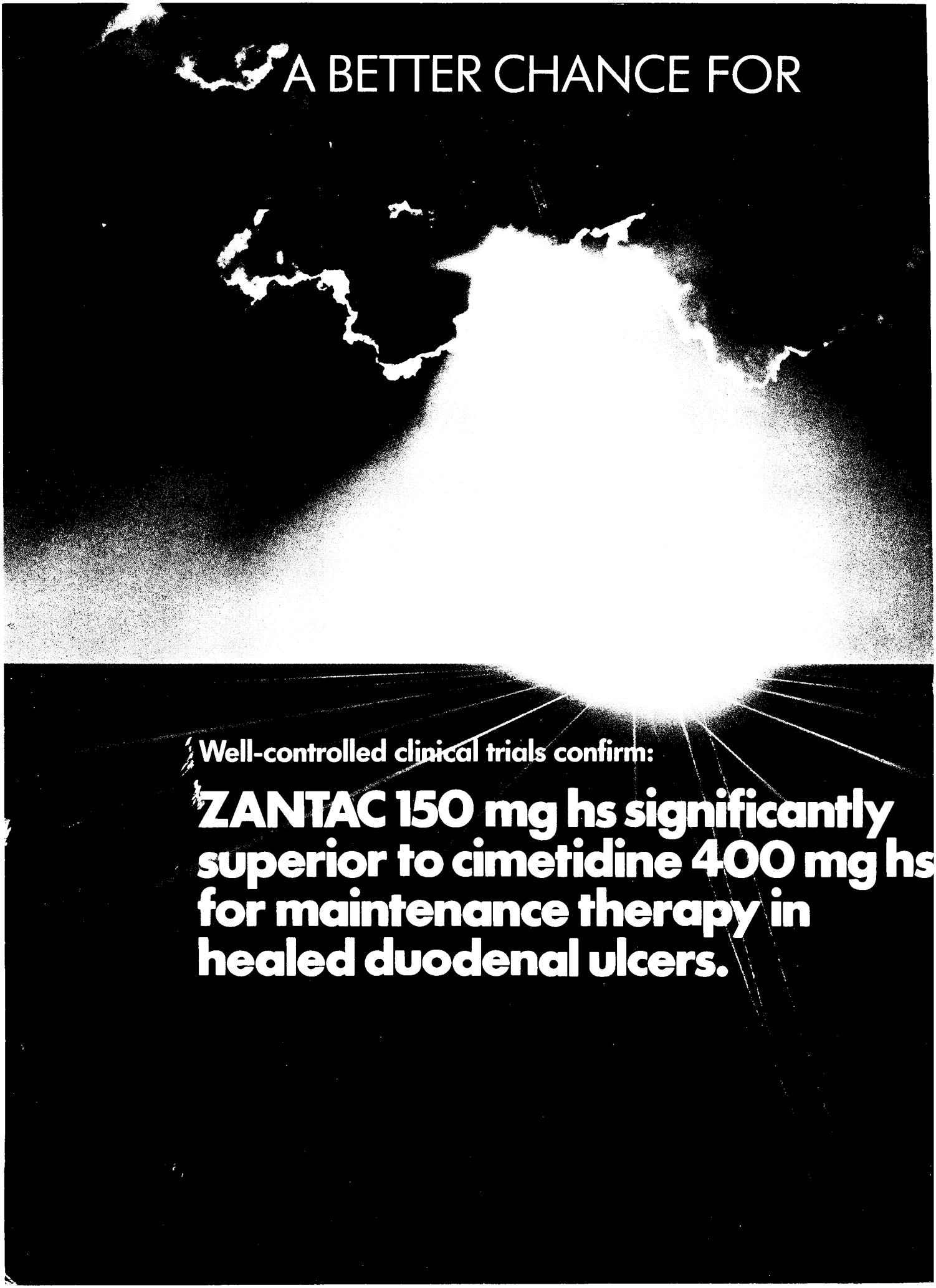
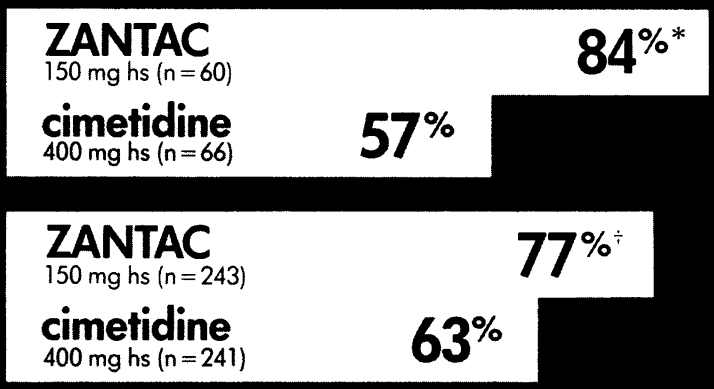

A BETTER CHANCE FOR
Well-controlled clinical trials confirm:
ZANTAC 150 mg hs significantly superior to cimetidine 400 mg hs for maintenance therapy in healed duodenal ulcers.

Percent of patients ulcer-free after 1 year of therapy



*P = 0.01 †P = 0.0004 % life-table estimates

All patients were permitted prn antacids for relief of pain.
Adapted from Silvis[1] and Gough.[2]

These two trials[1,2] used the currently recommended dosing regimen of cimetidine (400 mg hs) and ranitidine (150 mg hs). A comparison of other dosing regimens has not been studied.
The studied dosing regimens are not equivalent with respect to the degree and duration of acid suppression or suppression of nocturnal acid.
The superiority of ranitidine over cimetidine in these trials indicates that the dosing regimen currently recommended for cimetidine is less likely to be as successful in maintenance therapy.

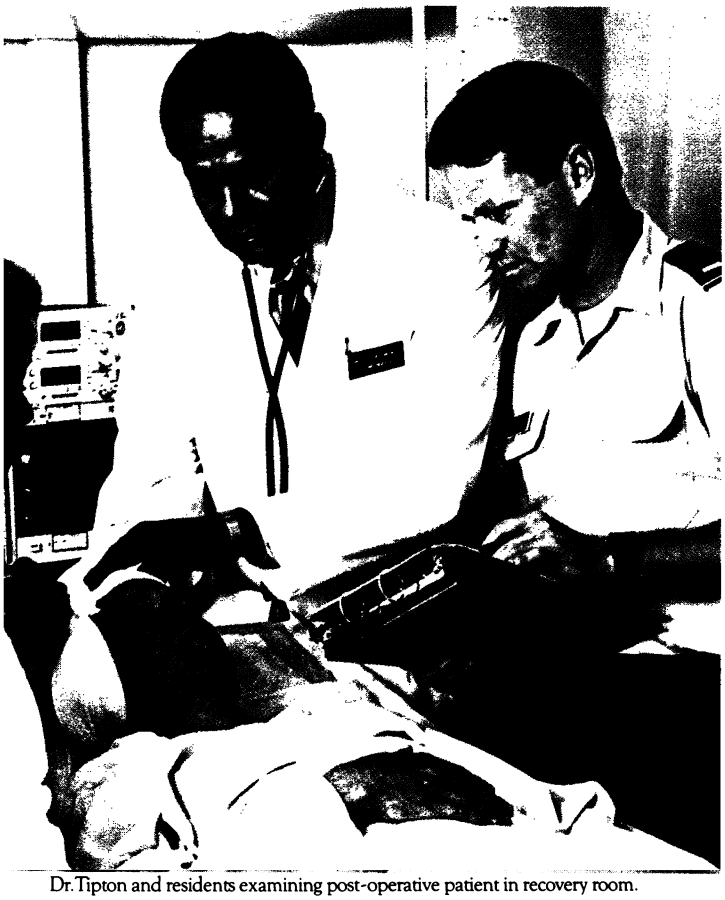
Zantac® 150

ranitidine HCl/Glaxo 150 mg tablets hs

Glaxo/ ROCHE

See next page for references and Brief Summary of Product Information.

ARMY RESERVE MEDICAL PROFILE NO.3



Dr. Tipton and residents examining post-operative patient in recovery room.

DALE L. TIPTON, M.D.

Associate Clinical Professor, Department of Otolaryngology, Head and Neck Surgery, University of California School of Medicine, San Francisco, California.
Chairman, Division of Otolaryngology, Franklin Hospital, San Francisco, California.
Lieutenant Colonel, U.S. Army Reserve.

EDUCATION University of California at Berkeley, A.B. Physiology; University of California School of Medicine, San Francisco, M.D. and Master of Science, Pharmacology.

RESIDENCY University of California School of Medicine, San Francisco: General Surgery – 2 years; Otolaryngology – 3 years.

FELLOWSHIPS National Institute of Health Fellow; Cancer Research Institute, University of California, San Francisco.

OUTSTANDING ACHIEVEMENTS Freshman Medical Student Research Award; Class President – 2nd year medical school; Student Body President – senior year medical school; Special Award by National Institute of Health to attend and present paper at International Congress of Otolaryngology in Tokyo, Japan; Chairman, Department of Otolaryngology, San Francisco General Hospital 1970-76; Chief of Medical Staff, Franklin Hospital 1982-84.

"I joined the Army Reserve shortly after completing my responsibilities as Chief of Staff of Franklin Hospital in San Francisco. I was intrigued with the idea of trying something different, such as Army Medicine.

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When Audio-Digest introduced the speech compression system of audio cassette listening some nine years ago—it was our goal. even then. to not only compress the sound. but to make the unit smaller and lighter. and also more affordable.

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FASTRAC is smaller (*ten* times smaller). 4½"W × 6¼"H × 1⅝"D

FASTRAC is lighter (only 14.5 oz.. over three pounds less).

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And FASTRAC's ultimate compressed sound is distortion free. pitched to your personal preference—and heard in up to half the ordinary listening time.

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- Automatic Record Level Control (ALC)
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- Available car adapter. plugs into cigarette lighter (see Accessory Option)
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NICKEL CADMIUM RECHARGEABLE BATTERY PACK for in-unit recharging

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PLEASE CHARGE MY ACCOUNT $ _____

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Signature _____ Date _____

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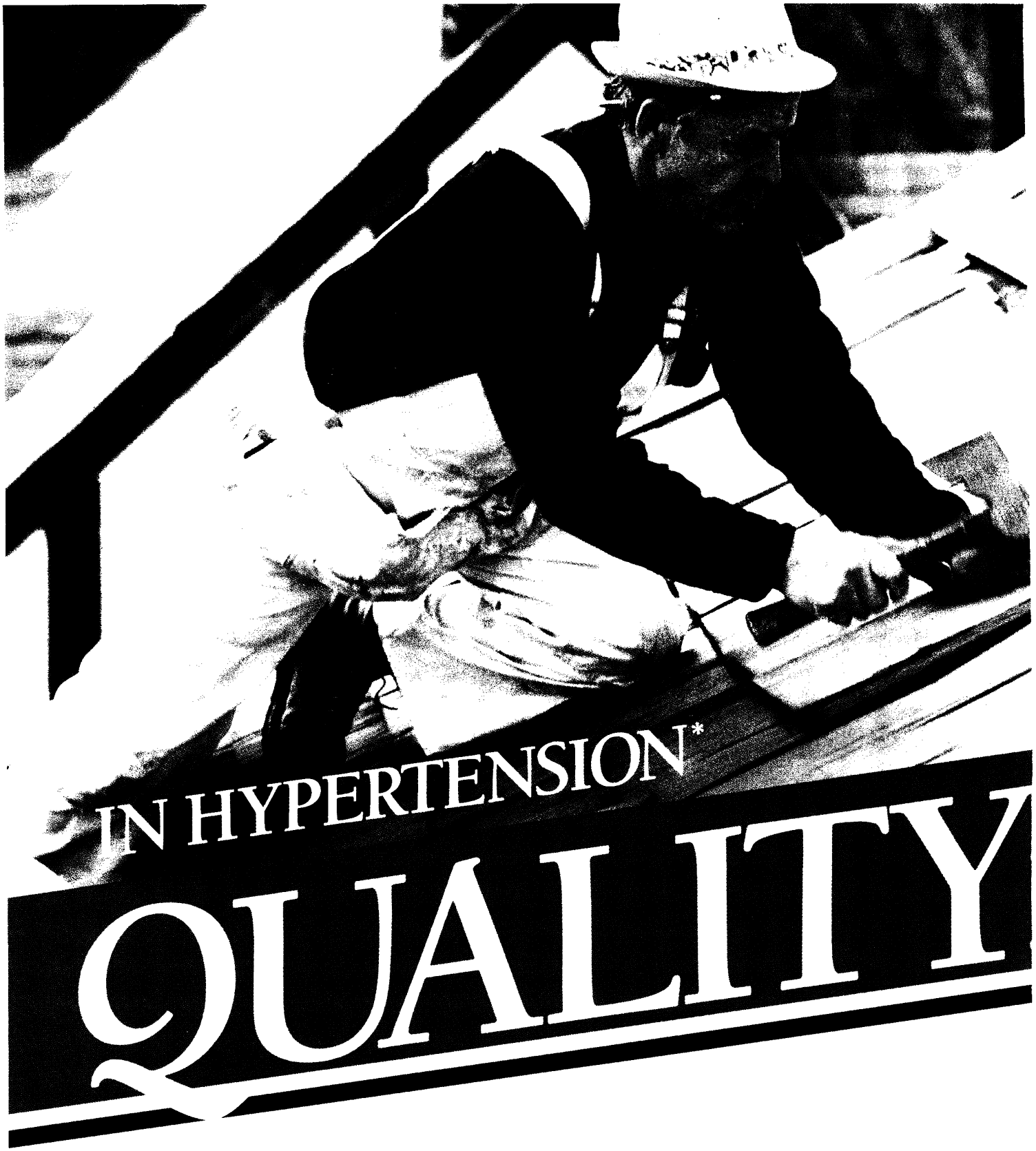


***CAPOTEN® (captopril tablets) may be used as initial therapy only for patients with normal renal function in whom the risk of neutropenia/agranulocytosis is relatively low (1 out of over 8,600 in clinical trials). Use special precautions in patients with impaired renal function, collagen vascular disorders, or those exposed to other drugs known to affect the white cells or immune response. Evaluation of hypertensives should always include assessment of renal function. Overall, the most frequently occurring adverse reactions associated with CAPOTEN are skin rash and taste alteration; both effects are generally mild, reversible, or self-limited. See INDICATIONS AND USAGE, WARNINGS, and ADVERSE REACTIONS in the brief summary on the adjacent page.**

1. Croog SH, Levine S, Testa MA, et al: The effects of antihypertensive therapy on the quality of life. N Engl J Med 314(26):1657-1664, 1986.

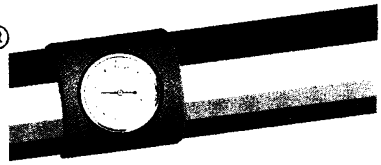
SQUIBB

Means a job well done.

We spend so much of our lives at work...it's no wonder our work performance is key to our quality of life. Work performance is also a key factor in assessing antihypertensive therapy. CAPOTEN improved hypertensive patients' work performance (e.g., ability to keep pace with the job, concentration, job satisfaction, less on-the-job fatigue).[1] So, for hypertensive patients who work, why not prescribe the antihypertensive that can work for them... CAPOTEN.

These data are based on a multicenter, randomized, 24-week study of 626 mild-to-moderate hypertensive male patients with normal renal function, 181 of whom received captopril.

OF LIFE



THE CAPOTEN® (captopril tablets) DIFFERENCE

QUALITY OF LIFE THE CAPOTEN® (captopril tablets) DIFFERENCE

CAPOTEN® TABLETS

Captopril Tablets

INDICATIONS: Hypertension – CAPOTEN (captopril) is indicated for the treatment of hypertension. Consideration should be given to the risk of neutropenia/agranulocytosis (see WARNINGS). CAPOTEN may be used as initial therapy for patients with normal renal function, in whom the risk is relatively low. In patients with impaired renal function, particularly those with collagen vascular disease, captopril should be reserved for those who have either developed unacceptable side effects on other drugs, or have failed to respond satisfactorily to drug combinations. CAPOTEN is effective alone and in combination with other antihypertensive agents, especially thiazide-type diuretics.

Heart Failure: CAPOTEN (captopril) is indicated in patients with heart failure who have not responded adequately to or cannot be controlled by conventional diuretic and digitalis therapy. CAPOTEN is to be used with diuretics and digitalis.

CONTRAINDICATIONS: CAPOTEN is contraindicated in patients who are hypersensitive to this product.

WARNINGS: Neutropenia/Agranulocytosis – Neutropenia (< 1000/mm³) with myeloid hypoplasia has resulted from use of captopril. About half of the neutropenic patients developed systemic or oral cavity infections or other features of the syndrome of agranulocytosis. The risk of neutropenia is dependent on the clinical status of the patient:

In clinical trials in patients with hypertension who have normal renal function (serum creatinine less than 1.6 mg/dL and no collagen vascular disease), neutropenia has been seen in one patient out of over 8,600 exposed. In patients with some degree of renal failure (serum creatinine at least 1.6 mg/dL) but no collagen vascular disease, the risk in clinical trials was about 1 per 500. Doses were relatively high in these patients, particularly in view of their diminished renal function. In patients with collagen vascular diseases (e.g., systemic lupus erythematosus, scleroderma) and impaired renal function, neutropenia occurred in 3.7% of patients in clinical trials. While none of the over 750 patients in formal clinical trials of heart failure developed neutropenia, it has occurred during the subsequent clinical experience. Of reported cases, about half had serum creatinine ≥ 1.6 mg/dL and more than 75% received procainamide. In heart failure, it appears that the same risk factors for neutropenia are present.

Neutropenia has appeared usually within 3 months after starting therapy, associated with myeloid hypoplasia and frequently accompanied by erythroid hypoplasia and decreased numbers of megakaryocytes (e.g., hypoplastic bone marrow and pancytopenia); anemia and thrombocytopenia were sometimes seen. Neutrophils generally returned to normal in about 2 weeks after captopril was discontinued, and serious infections were limited to clinically complex patients. About 13% of the cases of neutropenia have ended fatally, but almost all fatalities were in patients with serious illness, having collagen vascular disease, renal failure, heart failure or immunosuppressant therapy, or a combination of these complicating factors. **Evaluation of the hypertensive or heart failure patient should always include assessment of renal function.** If captopril is used in patients with impaired renal function, white blood cell and differential counts should be evaluated prior to starting treatment and at approximately 2-week intervals for about 3 months, then periodically. In patients with collagen vascular disease or who are exposed to other drugs known to affect the white cells or immune response, particularly when there is impaired renal function, captopril should be used only after an assessment of benefit and risk, and then with caution. All patients treated with captopril should be told to report any signs of infection (e.g., sore throat, fever). If infection is suspected, perform white cell counts without delay. Since discontinuation of captopril and other drugs has generally led to prompt return of the white count to normal, upon confirmation of neutropenia (neutrophil count < 1000/mm³) withdraw captopril and closely follow the patient's course.

Proteinuria: Total urinary proteins > 1 g per day were seen in about 0.7% of patients on captopril. About 90% of affected patients had evidence of prior renal disease or received high doses (> 150 mg/day), or both. The nephrotic syndrome occurred in about one-fifth of proteinuric patients. In most cases, proteinuria subsided or cleared within 6 months whether or not captopril was continued. The BUN and creatinine were seldom altered in proteinuric patients. Since most cases of proteinuria occurred by the 8th month of therapy with captopril, patients with prior renal disease or those receiving captopril at doses > 150 mg per day, should have urinary protein estimates (dip-stick on 1st morning urine) before therapy, and periodically thereafter.

Hypotension: Excessive hypotension was rarely seen in hypertensive patients but is a possibility in severely salt/volume-depleted persons such as those treated vigorously with diuretics (see PRECAUTIONS [Drug Interactions]). In heart failure, where the blood pressure was either normal or low, transient decreases in mean blood pressure > 20% were recorded in about half of the patients. This transient hypotension may occur after any of the first several doses and is usually well tolerated, although rarely it has been associated with arrhythmia or conduction defects. A starting dose of 6.25 or 12.5 mg tid may minimize the hypotensive effect. Patients should be followed closely for the first 2 weeks of treatment and whenever the dose of captopril and/or diuretic is increased.

BECAUSE OF THE POTENTIAL FALL IN BLOOD PRESSURE IN THESE PATIENTS, THERAPY SHOULD BE STARTED UNDER VERY CLOSE MEDICAL SUPERVISION.

PRECAUTIONS: General: *Impaired Renal Function* – Hypertension – Some hypertensive patients with renal disease, particularly those with severe renal artery stenosis, have developed increases in BUN and serum creatinine. It may be necessary to reduce captopril dosage and/or discontinue diuretic. For some of these patients, normalization of blood pressure and maintenance of adequate renal perfusion may not be possible. Heart Failure – About 20% of patients develop stable elevations of BUN and serum creatinine > 20% above normal or baseline upon long-term treatment. Less than 5% of patients, generally with severe preexisting renal disease, required discontinuation due to progressively increasing creatinine. See DOSAGE AND ADMINISTRATION, ADVERSE REACTIONS [Altered Laboratory Findings]. *Valvular Stenosis* – A theoretical concern, for risk of decreased coronary perfusion, has been noted regarding vasodilator treatment in patients with aortic stenosis due to decreased afterload reduction. *Surgery/Anesthesia* – If hypotension occurs during surgery or anesthesia, and is considered due to the effects of captopril, it is correctable by volume expansion.

Drug Interactions: *Hypotension – Patients on Diuretic Therapy* – Precipitous reduction of blood pressure may occasionally occur within the 1st hour after administration of the initial of captopril dose in patients on diuretics, especially those recently placed on diuretics, and those on severe dietary salt restriction or dialysis. This possibility can be minimized by either discontinuing the diuretic or increasing the salt intake about 1 week prior to initiation of captopril therapy or by initiating therapy with small doses (6.25 or 12.5 mg). Alternatively, provide medical supervision for at least 1 hour after the initial dose.

Agents Having Vasodilator Activity – In heart failure patients, vasodilators should be administered with caution.

Agents Causing Renin Release – Captopril's effect will be augmented by antihypertensive agents that cause renin release.

Agents Affecting Sympathetic Activity – The sympathetic nervous system may be especially important in supporting blood pressure in patients receiving captopril alone or with diuretics. Beta-adrenergic blocking drugs add some further antihypertensive effect to captopril, but the overall response is less than additive. Therefore, use agents affecting sympathetic activity (e.g., ganglionic blocking agents or adrenergic neuron blocking agents) with caution.

Agents Increasing Serum Potassium – Give potassium-sparing diuretics or potassium supplements only for documented hypokalemia, and then with caution, since they may lead to a significant increase of serum potassium. Use potassium-containing salt substitutes with caution.

Inhibitors of Endogenous Prostaglandin Synthesis – Indomethacin and other nonsteroidal anti-inflammatory agents may reduce the antihypertensive effect of captopril, especially in low renin hypertension.

Drug/Laboratory Test Interaction: Captopril may cause a false-positive urine test for acetone.

Carcinogenesis, Mutagenesis and Impairment of Fertility: Two-year studies with doses of 50 to 1350 mg/kg/day in mice and rats failed to show any evidence of carcinogenic potential. Studies in rats have revealed no impairment of fertility.

Pregnancy: Category C: There are no adequate and well-controlled studies in pregnant women. Embryocidal effects and craniofacial malformations were observed in rabbits. Therefore, captopril should be used during pregnancy, or for patients likely to become pregnant, only if the potential benefit outweighs the potential risk to the fetus. Captopril crosses the human placenta.

Nursing Mothers: Captopril is secreted in human milk. Exercise caution when administering captopril to a nursing woman, and, in general, nursing should be interrupted.

Pediatric Use: Safety and effectiveness in children have not been established although there is limited experience with use of captopril in children from 2 months to 15 years of age. Dosage, on a weight basis, was comparable to that used in adults. CAPOTEN (captopril) should be used in children only if other measures for controlling blood pressure have not been effective.

ADVERSE REACTIONS: Reported incidences are based on clinical trials involving approximately 7000 patients.

Renal – About 1 of 100 patients developed proteinuria (see WARNINGS). Renal insufficiency, renal failure, polyuria, oliguria, and urinary frequency in 1 to 2 of 1000 patients.

Hematologic – Neutropenia/agranulocytosis has occurred (see WARNINGS). Anemia, thrombocytopenia, and pancytopenia have been reported.

Dermatologic – Rash, (usually maculopapular, rarely urticarial), often with pruritus, and sometimes with fever and eosinophilia, in about 4 to 7 of 100 patients (depending on renal status and dose), usually during the 1st 4 weeks of therapy. Pruritus, without rash, in about 2 of 100 patients. A reversible associated pemphigoid-like lesion, and photosensitivity, have also been reported. Angioedema of the face, mucous membranes of the mouth, or of the extremities in about 1 of 1000 patients – reversible on discontinuance of captopril therapy. One case of laryngeal edema has been reported. Flushing or pallor in 2 to 5 of 1000 patients.

Cardiovascular – Hypotension may occur; see WARNINGS and PRECAUTIONS [Drug Interactions] for discussion of hypotension on initiation of captopril therapy. Tachycardia, chest pain, and palpitations each in about 1 of 100 patients. Angina pectoris, myocardial infarction, Raynaud's syndrome, and congestive heart failure each in 2 to 3 of 1000 patients.

Dysgeusia – Approximately 2 to 4 (depending on renal status and dose) of 100 patients developed a diminution or loss of taste perception; taste impairment is reversible and usually self-limited even with continued drug use (2 to 3 months). Gastric irritation, abdominal pain, nausea, vomiting, diarrhea, anorexia, constipation, aphthous ulcers, peptic ulcer, dizziness, headache, malaise, fatigue, insomnia, dry mouth, dyspnea, cough, alopecia, paresthesias reported in about 0.5 to 2% of patients but did not appear at increased frequency compared to placebo or other treatments used in controlled trials.

Altered Laboratory Findings: Elevations of liver enzymes in a few patients although no causal relationship has been established. Rarely cholestatic jaundice, and hepatocellular injury with or without secondary cholestasis, have been reported. A transient elevation of BUN and serum creatinine may occur, especially in volume-depleted or renovascular hypertension patients. In instances of rapid reduction of longstanding or severely elevated blood pressure, the glomerular filtration rate may decrease transiently, also resulting in transient rises in serum creatinine and BUN. Small increases in serum potassium concentration frequently occur, especially in patients with renal impairment (see PRECAUTIONS).

OVERDOSAGE: Primary concern is correction of hypotension. Volume expansion with an I.V. infusion of normal saline is the treatment of choice for restoration of blood pressure. Captopril may be removed from the general circulation by hemodialysis.

DOSAGE AND ADMINISTRATION: CAPOTEN (captopril) should be taken one hour before meals. In hypertension, CAPOTEN may be dosed bid or tid. Dosage must be individualized; see DOSAGE AND ADMINISTRATION section of package insert for detailed information regarding dosage in hypertension and in heart failure. Because CAPOTEN (captopril) is excreted primarily by the kidneys, dosage adjustments are recommended for patients with impaired renal function.

Consult package insert before prescribing CAPOTEN (captopril).

HOW SUPPLIED: Available in tablets of 12.5, 25, 50, and 100 mg in bottles of 100 (25 mg and 50 mg also available in bottles of 1000), and in UNIMATIC® unit-dose packs of 100 tablets. (J3-658J)

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528-509 Issued: January 1988

We Know 7 Million People Who Need Your Phone Number.

They all need your medical services from time to time, but none of them know your name or your phone number. In fact, according to a study conducted by the American Medical Association, 70% of the public does not know where to find you when they need you. 411 information can't help, and there's no way to tell which of the hundreds of listings in the phone book is most qualified.

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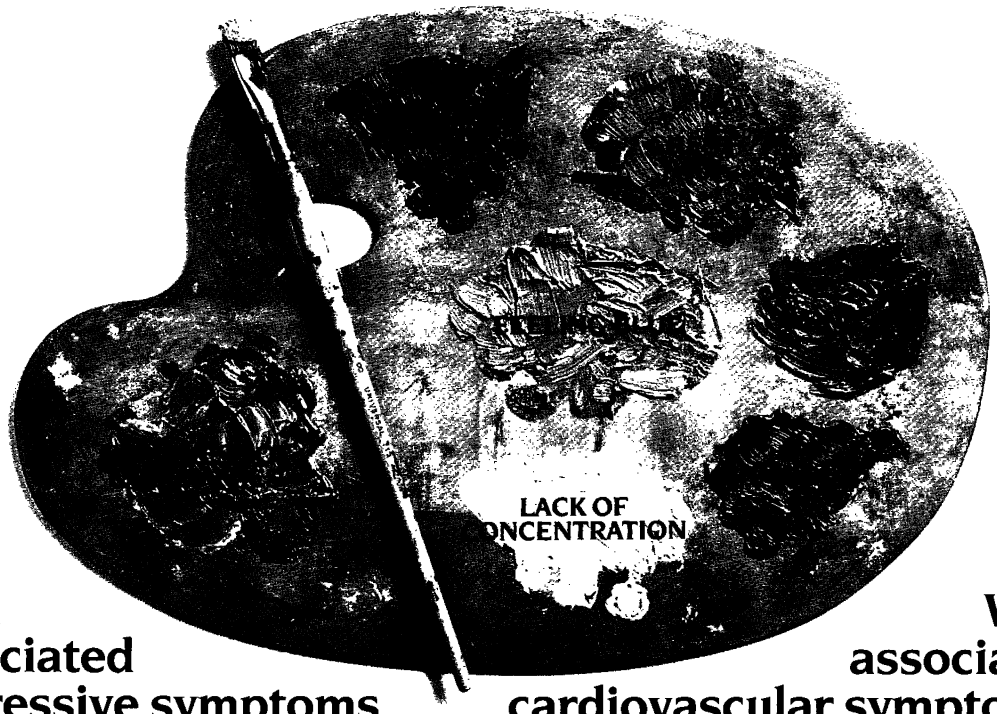
Please see adjacent page for brief summary of prescribing information.

is often complicated



With associated depressive symptoms.

In double-blind, four-week clinical trials in 632 patients with moderate to severe anxiety, therapy with XANAX was compared with placebo.

XANAX was significantly more effective ($P<.001$) than placebo in relieving the anxiety, with over half of the patients showing marked to moderate improvement by the first evaluation period (one week).

In addition, over 70% of these patients experienced associated moderate to severe depressed mood. XANAX was shown to be significantly more effective ($P<.014$) than placebo in improving the associated depressed mood.

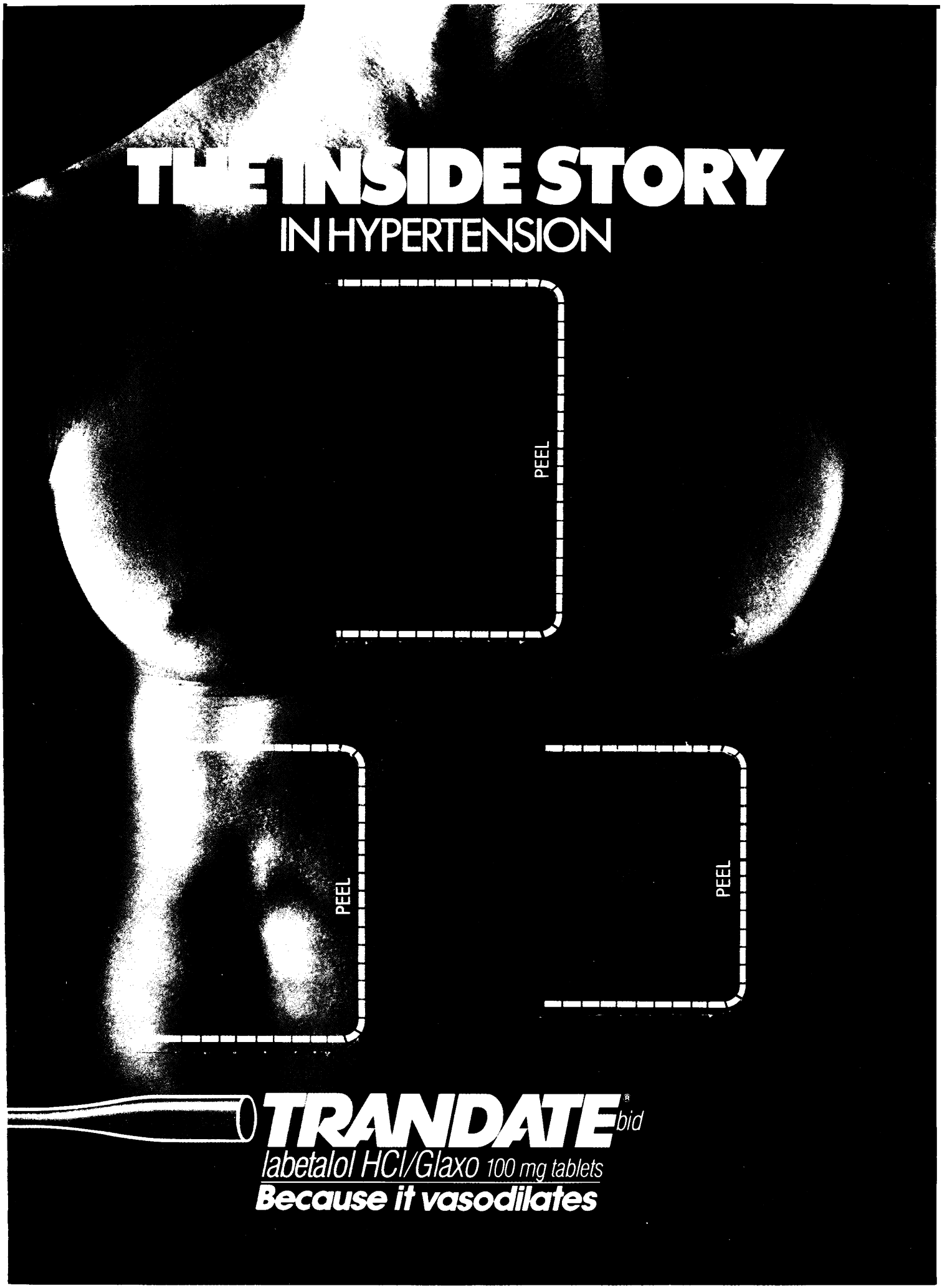
With associated cardiovascular symptoms.

Almost 60% of patients in the study had anxiety with associated cardiovascular symptoms even though cardiovascular disease had been ruled out. XANAX was shown to effectively relieve anxiety including the associated cardiovascular symptoms.

XANAX, the first of a unique class—the triazolobenzodiazepines.

- *Well tolerated*—Side effects, if they occur, are generally observed at the beginning of therapy and usually disappear with continued medication. Drowsiness and light-headedness were the most commonly reported adverse reactions.
- *Sustained efficacy*—No reported increase in dosage during 16-week clinical study, once an appropriate dosage was achieved. Since long-term effectiveness of XANAX has not been established, it is recommended that it not be used for longer than 16 weeks.
- *Simple dosage*—0.25 to 0.5 mg t.i.d.

for the relief of complicated anxiety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labetalol HCl/Glaxo 100 mg tablets
Because it vasodilates


SIDE STORY
OMISED VITALITY
☐ Low incidence of fatigue and impotence[7]
☐ Preserves exercise tolerance[5]
☐ High level of patient acceptance
Trandate Tablets are contraindicated in bronchial asthma, overt cardiac failure, greater-than-first-degree heart block, cardiogenic shock, and severe bradycardia.
For references and a complete listing of reported adverse reactions, including incidence at various dosage levels, please see the ADVERSE REACTIONS section of the Brief Summary of Prescribing Information on next page.
Please see next page for references and Brief Summary of Prescribing Information.
bid

References: 1. Malini PL, Strocchi E, Negroni S, et al: Renal haemodynamics after chronic treatment with labetalol and propranolol. *Br J Clin Pharmacol* 1982;13(suppl 1):123S-126S. 2. Pedersen EB, Larsen JS: Effect of propranolol and labetalol on renal haemodynamics at rest and during exercise in essential hypertension. *Postgrad Med J* 1980;56(suppl 2):27-32. 3. Wallin JD: Antihypertensives and their impact on renal function. *Am J Med* 1983;75:103-108. 4. Koch G: Haemodynamic adaptation at rest and during exercise to long-term antihypertensive treatment with combined alpha- and beta-adrenoreceptor blockade by labetalol. *Br Heart J* 1979;41(2):192-198. 5. Feit A, Holtzman R, Cohen M, et al: Effect of labetalol on exercise tolerance and double product in mild to moderate essential hypertension. *Am J Med* 1985;78:937-941. 6. Lund-Johansen P: Short- and long-term (six-year) hemodynamic effects of labetalol in essential hypertension. *Am J Med* 1983;75:24-31. 7. Burris JF, Goldstein J, Zager PG, et al: Comparative tolerability of labetalol versus propranolol, atenolol, pindolol, metoprolol, and nadolol. *J Clin Hypertens* 1986;3:285-293.

TRANDATE® Tablets
(labetalol hydrochloride)

BRIEF SUMMARY

The following is a brief summary only. Before prescribing, see complete prescribing information in TRANDATE® Tablets product labeling.

CONTRAINDICATIONS: TRANDATE® Tablets are contraindicated in bronchial asthma, overt cardiac failure, greater-than-first-degree heart block, cardiogenic shock, and severe bradycardia (see WARNINGS).

WARNINGS: Cardiac Failure: Sympathetic stimulation is a vital component supporting circulatory function in congestive heart failure. Beta-blockade carries a potential hazard of further depressing myocardial contractility and precipitating more severe failure. Although beta-blockers should be avoided in overt congestive heart failure, if necessary, labetalol HCl can be used with caution in patients with a history of heart failure who are well compensated. Congestive heart failure has been observed in patients receiving labetalol HCl. Labetalol HCl does not abolish the inotropic action of digitalis on heart muscle.

In Patients Without a History of Cardiac Failure: In patients with latent cardiac insufficiency, continued depression of the myocardium with beta-blocking agents over a period of time can, in some cases, lead to cardiac failure. At the first sign or symptom of impending cardiac failure, patients should be fully digitalized and/or be given a diuretic, and the response should be observed closely. If cardiac failure continues despite adequate digitalization and diuretic, TRANDATE® therapy should be withdrawn (gradually, if possible).

Exacerbation of Ischemic Heart Disease Following Abrupt Withdrawal: Angina pectoris has not been reported upon labetalol HCl discontinuation. However, hypersensitivity to catecholamines has been observed in patients withdrawn from beta-blocker therapy; exacerbation of angina and, in some cases, myocardial infarction have occurred after *abrupt* discontinuation of such therapy. When discontinuing chronically administered TRANDATE, particularly in patients with ischemic heart disease, the dosage should be gradually reduced over a period of one to two weeks and the patient should be carefully monitored. If angina markedly worsens or acute coronary insufficiency develops, TRANDATE administration should be reinstituted promptly, at least temporarily, and other measures appropriate for the management of unstable angina should be taken. Patients should be warned against interruption or discontinuation of therapy without the physician's advice. Because coronary artery disease is common and may be unrecognized, it may be prudent not to discontinue TRANDATE therapy abruptly even in patients treated only for hypertension.

Nonallergic Bronchospasm (eg, Chronic Bronchitis and Emphysema): Patients with bronchospastic disease should, in general, not receive beta-blockers. TRANDATE may be used with caution, however, in patients who do not respond to, or cannot tolerate, other antihypertensive agents. It is prudent, if TRANDATE is used, to use the smallest effective dose, so that inhibition of endogenous or exogenous beta-agonists is minimized.

Pheochromocytoma: Labetalol HCl has been shown to be effective in lowering blood pressure and relieving symptoms in patients with pheochromocytoma. However, paradoxical hypertensive responses have been reported in a few patients with this tumor; therefore, use caution when administering labetalol HCl to patients with pheochromocytoma.

Diabetes Mellitus and Hypoglycemia: Beta-adrenergic blockade may prevent the appearance of premonitory signs and symptoms (eg, tachycardia) of acute hypoglycemia. This is especially important with labile diabetics. Beta-blockade also reduces the release of insulin in response to hyperglycemia; it may therefore be necessary to adjust the dose of antidiabetic drugs.

Major Surgery: The necessity or desirability of withdrawing beta-blocking therapy before major surgery is controversial. Protracted severe hypotension and difficulty in restarting or maintaining a heartbeat have been reported with beta-blockers. The effect of labetalol HCl's alpha-adrenergic activity has not been evaluated in this setting.

A synergism between labetalol HCl and halothane anesthesia has been shown (see PRECAUTIONS: Drug Interactions).

PRECAUTIONS: General: *Impaired Hepatic Function:* TRANDATE® Tablets should be used with caution in patients with impaired hepatic function since metabolism of the drug may be diminished.

Jaundice or Hepatic Dysfunction: On rare occasions, labetalol HCl has been associated with jaundice (both hepatic and cholestatic). It is therefore recommended that treatment with labetalol HCl be stopped immediately should a patient develop jaundice or laboratory evidence of liver injury. Both have been shown to be reversible on stopping therapy.

Information for Patients: As with all drugs with beta-blocking activity, certain advice to patients being treated with labetalol HCl is warranted. This information is intended to aid in the safe and effective use of this medication. It is not a disclosure of all possible adverse or intended effects. While no incidence of the abrupt withdrawal phenomenon (exacerbation of angina pectoris) has been reported with labetalol HCl, dosing with TRANDATE Tablets should not be interrupted or discontinued without a physician's advice. Patients being treated with TRANDATE Tablets should consult a physician at any sign of impending cardiac failure. Also, transient scalp tingling may occur, usually when treatment with TRANDATE Tablets is initiated (see ADVERSE REACTIONS).

Laboratory Tests: As with any new drug given over prolonged periods, laboratory parameters should be observed over regular intervals. In patients with concomitant illnesses, such as impaired renal function, appropriate tests should be done to monitor these conditions.

Drug Interactions: In one survey, 2.3% of patients taking labetalol HCl in combination with tricyclic antidepressants experienced tremor as compared to 0.7% reported to occur with labetalol HCl alone. The contribution of each of the treatments to this adverse reaction is unknown, but the possibility of a drug interaction cannot be excluded.

Drugs possessing beta-blocking properties can blunt the bronchodilator effect of beta-receptor agonist drugs in patients with bronchospasm; therefore, doses greater than the normal antiasthmatic dose of beta-agonist bronchodilator drugs may be required.

Cimetidine has been shown to increase the bioavailability of labetalol HCl. Since this could be explained either by enhanced absorption or by an alteration of hepatic metabolism of labetalol HCl, special care should be used in establishing the dose required for blood pressure control in such patients.

Synergism has been shown between halothane anesthesia and intravenously administered labetalol HCl. During controlled hypotensive anesthesia using labetalol HCl in association with halothane, high concentrations (3% or above) of halothane should not be used because the degree of hypotension will

TRANDATE® Tablets (labetalol hydrochloride)

be increased and because of the possibility of a large reduction in cardiac output and an increase in central venous pressure. The anesthesiologist should be informed when a patient is receiving labetalol HCl.

Labetalol HCl blunts the reflex tachycardia produced by nitroglycerin without preventing its hypotensive effect. If labetalol HCl is used with nitroglycerin in patients with angina pectoris, additional antihypertensive effects may occur.

Drug/Laboratory Test Interactions: The presence of a metabolite of labetalol in the urine may result in falsely increased levels of urinary catecholamines when measured by a nonspecific trihydroxyindole (THI) reaction. In screening patients suspected of having a pheochromocytoma and being treated with labetalol HCl, specific radioenzymatic or high performance liquid chromatography assay techniques should be used to determine levels of catecholamines or their metabolites.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Long-term oral dosing studies with labetalol HCl for 18 months in mice and for two years in rats showed no evidence of carcinogenesis. Studies with labetalol HCl using dominant lethal assays in rats and mice and exposing microorganisms according to modified Ames tests showed no evidence of mutagenesis.

Pregnancy: *Teratogenic Effects: Pregnancy Category C:* Teratogenic studies were performed with labetalol in rats and rabbits at oral doses up to approximately six and four times the maximum recommended human dose (MRHD), respectively. No reproducible evidence of fetal malformations was observed. Increased fetal resorptions were seen in both species at doses approximating the MRHD. A teratology study performed with labetalol in rabbits at intravenous doses up to 1.7 times the MRHD revealed no evidence of drug-related harm to the fetus. There are no adequate and well-controlled studies in pregnant women. Labetalol should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nonteratogenic Effects: Infants of mothers who were treated with labetalol HCl during pregnancy did not appear to be adversely affected by the drug. Oral administration of labetalol to rats during late gestation through weaning at doses of two to four times the MRHD caused a decrease in neonatal survival.

Labor and Delivery: Labetalol HCl given to pregnant women with hypertension did not appear to affect the usual course of labor and delivery.

Nursing Mothers: Small amounts of labetalol (approximately 0.004% of the maternal dose) are excreted in human milk. Caution should be exercised when TRANDATE Tablets are administered to a nursing woman.

Pediatric Use: Safety and effectiveness in children have not been established.

ADVERSE REACTIONS: Most adverse effects are mild, transient, and occur early in the course of treatment. In controlled clinical trials of three to four months' duration, discontinuation of TRANDATE® Tablets due to one or more adverse effects was required in 7% of all patients. In these same trials, beta-blocker control agents led to discontinuation in 8% to 10% of patients, and a centrally acting alpha-agonist in 30% of patients.

The following adverse reactions were derived from multicenter, controlled clinical trials over treatment periods of three and four months. The rates, which ranged from less than 1% to 5% except as otherwise noted, are based on adverse reactions considered probably drug-related by the investigator. If all reports are considered, the rates are somewhat higher (eg, dizziness, 20%; nausea, 14%; fatigue, 11%).

Body as a Whole: Fatigue, asthenia, headache. ***Gastrointestinal:*** Nausea (6%), vomiting, dyspepsia, diarrhea, taste distortion. ***Central and Peripheral Nervous Systems:*** Dizziness (11%), paresthesia, drowsiness. ***Autonomic Nervous System:*** Nasal stuffiness, ejaculation failure, impotence, increased sweating. ***Cardiovascular:*** Edema, postural hypotension. ***Respiratory:*** Dyspnea. ***Skin:*** Rash. ***Special Senses:*** Vision abnormality, vertigo.

The adverse effects were reported spontaneously and are representative of the incidence of adverse effects that may be observed in a properly selected hypertensive patient population, ie, a group excluding patients with bronchospastic disease, overt congestive heart failure, or other contraindications to beta-blocker therapy.

Clinical trials also included studies utilizing daily doses up to 2,400 mg in more severely hypertensive patients. The US therapeutic trials data base for adverse reactions that are clearly or possibly dose-related shows that the following side effects increased with increasing dose: dizziness, fatigue, nausea, vomiting, dyspepsia, paresthesia, nasal stuffiness, ejaculation failure, impotence, and edema.

In addition, a number of other less common adverse events have been reported in clinical trials or the literature:

Cardiovascular: Postural hypotension, including, rarely, syncope. ***Central and Peripheral Nervous Systems:*** Paresthesia, most frequently described as scalp tingling. In most cases, it was mild, transient, and usually occurred at the beginning of treatment. ***Collagen Disorders:*** Systemic lupus erythematosus; positive antinuclear factor (ANF). ***Eyes:*** Dry eyes. ***Immunological System:*** Antimitochondrial antibodies. ***Liver and Biliary System:*** Cholestasis with or without jaundice. ***Musculoskeletal System:*** Muscle cramps, toxic myopathy. ***Respiratory System:*** Bronchospasm. ***Skin and Appendages:*** Rashes of various types, such as generalized maculopapular, lichenoid, urticarial, bullous lichen planus, psoriaform, and facial erythema; Peyronie's disease; reversible alopecia. ***Urinary System:*** Difficulty in micturition, including acute urinary bladder retention.

Following approval for marketing in the United Kingdom, a monitored release survey involving approximately 6,800 patients was conducted for further safety and efficacy evaluation of this product. Results of this survey indicate that the type, severity, and incidence of adverse effects were comparable to those cited above.

Potential Adverse Effects: In addition, other adverse effects not listed above have been reported with other beta-adrenergic blocking agents. ***Central Nervous System:*** Reversible mental depression progressing to catatonia, an acute reversible syndrome characterized by disorientation for time and place, short-term memory loss, emotional lability, slightly clouded sensorium, and decreased performance on psychometrics. ***Cardiovascular:*** Intensification of AV block (see CONTRAINDICATIONS). ***Allergic:*** Fever combined with aching and sore throat; laryngospasm, respiratory distress. ***Hematologic:*** Agranulocytosis, thrombocytopenic or nonthrombocytopenic purpura. ***Gastrointestinal:*** Mesenteric artery thrombosis, ischemic colitis. The oculomucocutaneous syndrome associated with the beta-blocker practolol has not been reported with labetalol HCl.

Clinical Laboratory Tests: There have been reversible increases of serum transaminases in 4% of patients treated with labetalol HCl and tested, and more rarely, reversible increases in blood urea.

OVERDOSAGE: Information concerning possible overdosage and its treatment appears in the full prescribing information.

DOSAGE AND ADMINISTRATION: DOSAGE MUST BE INDIVIDUALIZED. The recommended *initial* dosage is 100 mg *twice* daily whether used alone or added to a diuretic regimen. After two or three days, using standing blood pressure as an indicator, dosage may be titrated in increments of 100 mg bid every two or three days. The usual *maintenance* dosage of labetalol HCl is between 200 and 400 mg *twice* daily. Before use, see complete prescribing information for dosage details.

April 1988

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D. Roger Illingworth, M.D., Ph.D.	"The Lipid-Coronary Connection: Diagnosis and Management"
W. Dudley Johnson, M.D.	"New Frontiers in Coronary Artery Surgery"
Melvin M. Scheinman, M.D.	"Ventricular Arrhythmias: Electrophysiologic Studies, Drugs and Surgical Therapies"
William E. Shell, M.D.	"Silent Ischemia: Classification, Management and Treatment"
Julie A. Shinn, R.N., M.A.	"Heart-Lung Transplantation"
David H. Spodick, M.D., D.Sc.	"Controversies in Cardiology: Does Treatment Really Work?"
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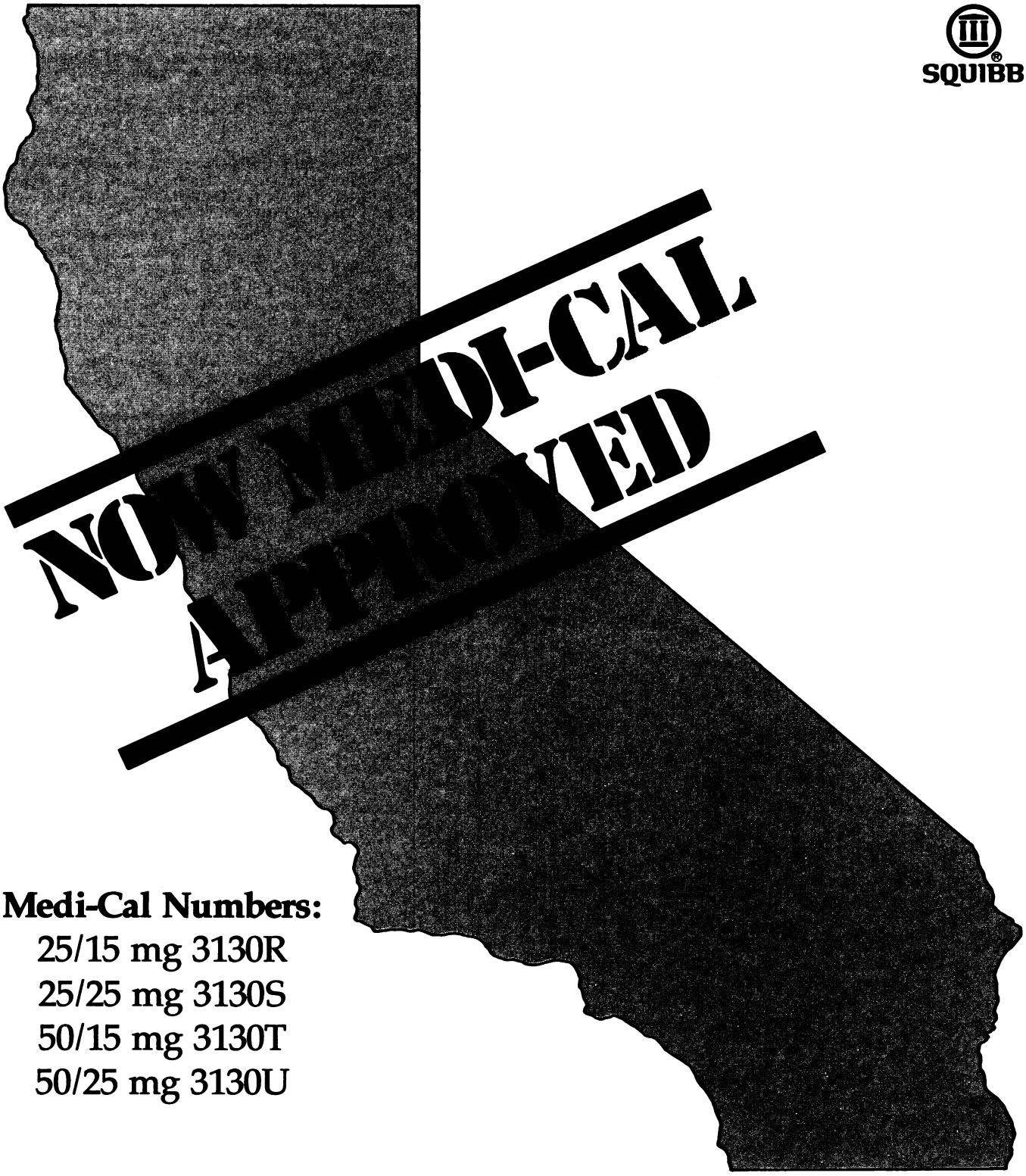

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House of Delegates Opening Session Highlights

KEYNOTE SPEAKER

■ Daniel Callahan, PhD, will be the keynote speaker at Thursday's House of Delegates opening session.


Daniel Callahan, PhD

Dr. Callahan is the author of "Setting Limits: Medical Goals in an Aging Society," a book that proposes federal expenditures for certain procedures be limited to people under 70 years of age.

Dr. Callahan is co-founder and director of the Hastings Center, Briarcliff Manor, New York, a research and educational organization founded in 1969 to examine ethical issues in medicine, biology and the professions.

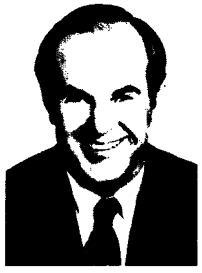
He is an elected member of the Institute of Medicine, National Academy of Sciences, a former member of the Task Force on Life and Law of New York State, and a fellow of the American Association for the Advancement of Science.

Special Appearance:

Governor Gardner To Address House

WAMPAC Supports Booth

Governor Booth Gardner will round out the Opening Session when he speaks to the House of Delegates at 4:30 p.m. on Thursday.


Governor Booth Gardner

WAMPAC is sponsoring the Governor's talk, followed by a WAMPAC fundraiser. Look for location and time details of the moneyraiser at the registration desk.

The WAMPAC fundraiser is your chance to personally show the Governor your appreciation of his efforts on behalf of organized medicine, particularly his signing of the Liability Reform Act of 1986 with no changes.

WAMPAC fully supports the Governor's re-election and encourages physicians to participate in his campaign.

A special thank you to Laurie Barron, MD, of Yakima, chairman of this year's Annual Meeting scientific program.

THE REACTOR PANEL

Because of the controversial nature of Dr. Callahan's proposals, a three-member reactor panel will offer opinions and alternatives to "Setting Limits."

■ Johnny Cox, RN, PhD, staff ethicist at Sacred Heart Medical Center in Spokane, is one of only a few persons working fulltime as a clinical ethicist in the U.S. outside of a university medical center.


Johnny Cox, RN, PhD

A former director of the Health and Human Values program at Seattle's Providence Medical Center, Dr. Cox is co-founder of the Hopsice of Spokane, the first hospice to provide clinical care in the Pacific Northwest.

He is a familiar face to many WSMA physicians because of his long-standing involvement with medical-ethical concerns, including Natural Death Act revisions and the issue of living wills.

■ Eva N. Skinner, RN, of Los Angeles is a board member of the American Association of Retired Persons. She is a trustee of the AARP Voter Education Fund and serves on the board's Committee on Member Services and the Advisory Committee on the Health Care Campaign.


Eva Skinner, RN

Her nursing background includes a stint as a clinical coordinator of geriatric services at LA's Cedars-Sinai Medical Center, supervisor of operating rooms in two VA hospitals, and head nurse at New York's Mount Sinai Hospital.

■ David Blair, MD, a Canadian family physician and long-time activist in organized medicine, will round out the reactor panel. He is current president-elect of the British Columbia Medical Association and former chairman of the BCMA Board's General Assembly.


David Blair, MD

A member of the BCMA's speakers bureau, he talks frequently on a wide variety of issues. Dr. Blair is also a registered pharmacist. He practices medicine in Campbell River, a community on Vancouver Island.

Washington State Medical Association 1988 Annual Meeting

THURSDAY, SEPTEMBER 15, 1988

7:00 a.m.	COFFEE	*YC-Main Hall*
7:00 a.m.	Registration opens	*YC-Main Hall*
7:30 a.m.	Board of Trustees	*YC-Grand Hall Room A*
Noon	Young Physician Luncheon	*TP-Yakima*
1:30 p.m.	House of Delegates (Opening Session)	*YC-Grand Hall Room C*
3:00 p.m.	COFFEE	*YC-Main Hall*
5:00 p.m.	Fundraiser for Governor Booth Gardner	*To be announced*
5:00 p.m.	WAFP Caucus Reception	*YC-Grand Hall Room B*
6:00 p.m.	HMSS Dinner Meeting	*YC-Grand Hall Room A*
6:00 p.m.	WSPIE Reception/Dinner	*Off site*

FRIDAY, SEPTEMBER 16, 1988

6:30 a.m.	WSSIM Executive Committee Breakfast	*TP-Veranda*
7:00 a.m.	COFFEE	*YC-Grand Hall Room D*
7:00 a.m.	Registration continues	*YC-Grand Hall Room D*
7:00 a.m.	AMA Delegation Breakfast	*TP-Restaurant*
7:00 a.m.	Orthopedics Breakfast	*TP-Yakima*
7:30 a.m.	Reference Committee Orientation	*HI-Rimrock*
7:45 a.m.	ACP/WSSIM	*TP-East Room*
8:00 a.m.	Exhibits open	*YC-Grand Hall Room D*
8:00 a.m.	Special Program – AIDS	*TP-West Room*
8:30 a.m.	Reference Committee A	*HI-Maple Leaf Room A*
8:30 a.m.	Reference Committee B	*HI-Maple Leaf Room B*
8:30 a.m.	Reference Committee C	*HI-Maple Leaf Room C*
8:30 a.m.	Reference Committee D	*HI-Maple Leaf Room D*
8:30 a.m.	Psychiatry	*YC-Grand Hall Room B*
10:00 a.m.	COFFEE	*YC-Grand Hall Room D*
11:30 a.m.	Blood Donor Program	*YC-Main Hall*
Noon	ACP/WSSIM Luncheon	*TP-Garden Terrace*
Noon	WACEP Executive Committee Lunch	*TP-Yakima*
Noon	Psychiatry Luncheon	*HI-Owl Nest*
1:00 p.m.	Emergency Medicine	*TP-Lower*
1:00 p.m.	AIDS Program continues	*TP-West Room*
1:00 p.m.	Psychiatry continues	*YC-Grand Hall Room B*
1:00 p.m.	WSPIE Annual Subscribers Meeting	*HI-Forest*
3:00 p.m.	COFFEE	*YC-Grand Hall Room D*
4:00 p.m.	UW Alumni Reception	*YC-Grand Hall Room A*
5:30 p.m.	Incoming WACEP President's Reception	*TP-Nancy Auer's Suite*
6:30 p.m.	President's Reception and Banquet	*YC-Grand Hall Room C*

SATURDAY, SEPTEMBER 17, 1988

7:00 a.m.	COFFEE	*YC-Grand Hall Room D*
7:00 a.m.	Registration continues	*YC-Grand Hall Room D*
7:00 a.m.	AMA Delegation Breakfast	*TP-Restaurant*
7:00 a.m.	Spokane County Caucus	*HI-Cascade*
7:00 a.m.	Pierce County Caucus	*HI-Suncrest*
7:00 a.m.	King County Caucus	*HI-Lakeside*
7:00 a.m.	Past Presidents' Breakfast	*TP-Yakima*
7:00 a.m.	Early Bird Christian Breakfast	*TP-Veranda*
7:30 a.m.	ACP Breakfast #1	*HI-Maple Leaf Room C*
7:30 a.m.	ACP Breakfast #2	*HI-Rimrock*
8:00 a.m.	Exhibits open	*YC-Grand Hall Room D*
8:00 a.m.	Ophthalmology	*HI-Forest*
8:00 a.m.	Orthopedics	*HI-Maple Leaf Room A*
8:15 a.m.	ACP/WSSIM continues	*TP-East Room*
9:00 a.m.	House of Delegates (Second Session)	*YC-Grand Hall Room C*
10:00 a.m.	COFFEE	*YC-Grand Hall Room D*
11:45 a.m.	Senior Physician Luncheon	*TP-West Room*
Noon	WAMPAC Luncheon	*YC-Grand Hall Rooms A&B*
Noon	Ophthalmology Luncheon	*HI-Rimrock*
1:30 p.m.	House of Delegates reconvenes	*YC-Grand Hall Room C*
2:00 p.m.	WAMPAC Board of Directors	*HI-Suncrest*
3:00 p.m.	COFFEE	*YC-Grand Hall Room D*
6:30 p.m.	New Presidents' Reception	*TP-Garden Terrace*

SUNDAY, SEPTEMBER 18, 1988

7:00 a.m.	COFFEE	*YC-Main Hall*
7:00 a.m.	Spokane County Caucus	*HI-Cascade*
7:00 a.m.	Pierce County Caucus	*HI-Suncrest*
7:00 a.m.	King County Caucus	*HI-Lakeside*
9:00 a.m.	House of Delegates (Closing Session)	*YC-Grand Hall Room C*
9:00 a.m.	Medical Assistants Meeting	*YC-Grand Hall Room A*

Key for locations:
TP – Towne Plaza
YC – Yakima Center
HI – Holiday Inn

■ ***For additional information, contact the WSMA at 1-800-552-0612 or (206) 441-9762.***

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Please see brief summary of prescribing information and reference on adjacent page

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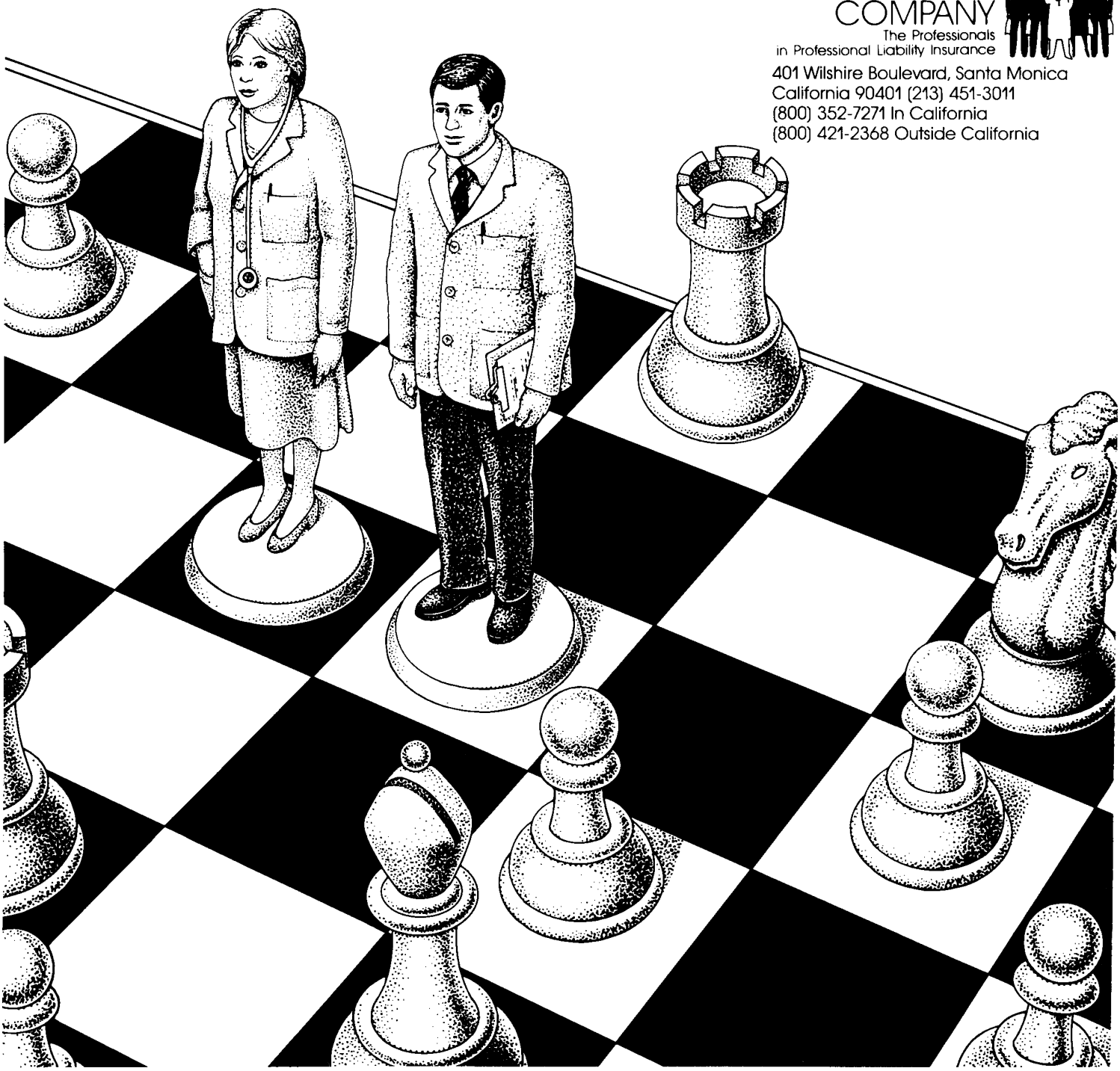

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Before prescribing, see complete prescribing information in SK&F CO. literature or PDR. The following is a brief summary.

* ***WARNING***

This drug is not indicated for initial therapy of edema or hypertension. Edema or hypertension requires therapy titrated to the individual. If this combination represents the dosage so determined, its use may be more convenient in patient management. Treatment of hypertension and edema is not static, but must be reevaluated as conditions in each patient warrant.

Contraindications: *Concomitant use with other potassium-sparing agents such as spironolactone or amiloride. Further use in anuria, progressive renal or hepatic dysfunction, hyperkalemia. Pre-existing elevated serum potassium. Hypersensitivity to either component or other sulfonamide-derived drugs.*

Warnings: Do not use potassium supplements, dietary or otherwise, unless hypokalemia develops or dietary intake of potassium is markedly impaired. *If supplementary potassium is needed, potassium tablets should not be used. Hyperkalemia can occur, and has been associated with cardiac irregularities. It is more likely in the severely ill, with urine volume less than one liter/day, the elderly and diabetics with suspected or confirmed renal insufficiency. Periodically, serum K^+ levels should be determined. If hyperkalemia develops, substitute a thiazide alone, restrict K^+ intake.* ***Associated widened QRS complex or arrhythmia requires prompt additional therapy.*** *Thiazides cross the placental barrier and appear in cord blood. Use in pregnancy requires weighing anticipated benefits against possible hazards, including fetal or neonatal jaundice, thrombocytopenia, other adverse reactions seen in adults. Thiazides appear and triamterene may appear in breast milk. If their use is essential, the patient should stop nursing. Adequate information on use in children is not available. Sensitivity reactions may occur in patients with or without a history of allergy or bronchial asthma. Possible exacerbation or activation of systemic lupus erythematosus has been reported with thiazide diuretics.*

Precautions: *The bioavailability of the hydrochlorothiazide component of 'Dyazide' is about 50% of the bioavailability of the single entity. Theoretically, a patient transferred from the single entities of triamterene and hydrochlorothiazide may show an increase in blood pressure or fluid retention. Similarly, it is also possible that the lesser hydrochlorothiazide bioavailability could lead to increased serum potassium levels. However, extensive clinical experience with 'Dyazide' suggests that these conditions have not been commonly observed in clinical practice. Angiotensin-converting enzyme (ACE) inhibitors can elevate serum potassium; use with caution with 'Dyazide'. Do periodic serum electrolyte determinations (particularly important in patients vomiting excessively or receiving parenteral fluids, and during concurrent use with amphotericin B or corticosteroids or corticotropin[ACTH]). Periodic BUN and serum creatinine determinations should be made, especially in the elderly, diabetics or those with suspected or confirmed renal insufficiency. Cumulative effects of the drug may develop in patients with impaired renal function. Thiazides should be used with caution in patients with impaired hepatic function. They can precipitate coma in patients with severe liver disease. Observe regularly for possible blood dyscrasias, liver damage, other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving triamterene, and leukopenia, thrombocytopenia, agranulocytosis, and aplastic and hemolytic anemia have been reported with thiazides. Thiazides may cause manifestation of latent diabetes mellitus. The effects of oral anticoagulants may be decreased when used concurrently with hydrochlorothiazide; dosage adjustments may be necessary. Clinically insignificant reductions in arterial responsiveness to norepinephrine have been reported. Thiazides have also been shown to increase the paralyzing effect of nondepolarizing muscle relaxants such as tubocurarine. Triamterene is a weak folic acid antagonist. Do periodic blood studies in cirrhotics with splenomegaly. Antihypertensive effects may be enhanced in post-sympathectomy patients. Use cautiously in surgical patients. Triamterene has been found in renal stones in association with the other usual calculus components. Therefore, 'Dyazide' should be used with caution in patients with histories of stone formation. A few occurrences of acute renal failure have been reported in patients on 'Dyazide' when treated with indomethacin. Therefore, caution is advised in administering nonsteroidal anti-inflammatory agents with 'Dyazide'. The following may occur: transient elevated BUN or creatinine or both, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), hyperuricemia and gout, digitalis intoxication (in hypokalemia), decreasing alkali reserve with possible metabolic acidosis. 'Dyazide' interferes with fluorescent measurement of quinidine. Hypokalemia is uncommon with 'Dyazide', but should it develop, corrective measures should be taken such as potassium supplementation or increased dietary intake of potassium-rich foods. Corrective measures should be instituted cautiously and serum potassium levels determined. Discontinue corrective measures and 'Dyazide' should laboratory values reveal elevated serum potassium. Chloride deficit may occur as well as dilutional hyponatremia. Concurrent use with chlorpropamide may increase the risk of severe hyponatremia. Serum PBI levels may decrease without signs of thyroid disturbance. Calcium excretion is decreased by thiazides. 'Dyazide' should be withdrawn before conducting tests for parathyroid function. Thiazides may add to or potentiate the action of other antihypertensive drugs. Diuretics reduce renal clearance of lithium and increase the risk of lithium toxicity.*

Adverse Reactions: *Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis, rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting, diarrhea, constipation, other gastrointestinal disturbances; postural hypotension (may be aggravated by alcohol, barbiturates, or narcotics). Necrotizing vasculitis, paresthesias, icterus, pancreatitis, xanthopsia and respiratory distress including pneumonitis and pulmonary edema, transient blurred vision, sialadenitis, and vertigo have occurred with thiazides alone. Triamterene has been found in renal stones in association with other usual calculus components. Rare incidents of acute interstitial nephritis have been reported. Impotence has been reported in a few patients on 'Dyazide', although a causal relationship has not been established.*

Supplied: 'Dyazide' is supplied as a red and white capsule, in bottles of 1000 capsules; Single Unit Packages (unit-dose) of 100 (intended for institutional use only); in Patient-Pak™ unit-of-use bottles of 100.

BRS-DZ:L45

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PHYSICIANS WANTED

NEAR STANFORD. Six Internists, all subspecialty trained and members of clinical faculty at Stanford, interested in an Associate with subspecialty interest and training. Should be well grounded in Internal Medicine. Send CV to Dr Bigler, El Camino Internal Medical Group, 125 South Dr, Mountain View, CA 94040.

CRESCENT CITY, CALIFORNIA. Exciting position available at a growing 24,000 visit ER in a rural, coastal community. Fee-for-service with possibility of six figure income. Send CV to Art B. Wong, MD, FACEP, EPMG, 120 Montgomery St, Ste 1825, San Francisco, CA 94104.

CALIFORNIA, SONORA. Staff Physician position available in 11-12,000 visit ER in quaint, historic, growing gold country community with fantastic recreational opportunities, one hour from Yosemite. Excellent opportunity in an academic and democratic group. Send CV to Art B. Wong, MD, FACEP, EPMG, 120 Montgomery St, Ste 1825, San Francisco, CA 94104.

OB/GYN. Multispecialty group in northwest Washington desires second Obstetrician. Excellent practice opportunity, full range of benefits, early partnership status, all practice costs paid. For more information contact Shane Spray, Administrator, 1400 E. Kincaid, Mount Vernon, WA 98273; (206) 428-2524.

SOUTH CENTRAL WYOMING. Immediate practice opportunity for BC/BE Urologist. Well-equipped JCAH hospital for a service area of approximately 20,000 population. No state or city income tax. Relocation incentives. Superior hunting, fishing, camping, snowmobiling. Three hours to Colorado ski area, five hours to Jackson Hole. One and one-half hours to the mountains. If interested, please send CV and references to D. Abels, DO, Chairman, Recruiting Committee or Richard Mills, Executive Director, Memorial Hospital of Carbon County, Rawlins, WY 82301; (307) 324-2221.

PHYSICIANS WANTED. We have full and part-time locum tenens opportunities available with guaranteed incomes and paid malpractice. For more information, contact John Smith, Locum Tenens, Inc (A Division of Jackson and Coker), 400 Perimeter Center Terrace, Ste 760 WJM, Atlanta, GA 30346; 1 (800) 544-1987.

PHYSICIANS WANTED

DERMATOLOGIST. Visalia Medical Clinic has an opening for a BC/BE Dermatologist now staffed by one physician who has been with the Clinic for 15 years. Located in the San Joaquin Valley in central California and population approximately 350,000. Progressive city of 62,000, near national parks and the ocean. Compensation is incentive oriented with advancement to full partnership after one year. Excellent fringe benefits. If interested, CV to John G. Heinsohn, Administrator, 5400 W. Hillsdale, Visalia, CA 93291; (209) 733-5222.

FAMILY PRACTICE/GENERAL PRACTICE wanted for full-time practice to work three days a week and share with another Practitioner. Rural setting, good pay, nice people. Can commute for two nights a week, one hour Sacramento, one hour and 15 minutes Nevada City, two hours San Francisco. Contact Charles Rath, MD, 199 E. Webster St, Colusa, CA 95932; (916) 458-7739.

OPENINGS for one or two General and one Vascular Surgeon in 175 physician, multispecialty group. Offices adjacent to modern 230-bed hospital in suburbs of south San Jose near excellent recreational facilities. Competitive salary, generous fringe benefits including paid educational leave, vacation, insurance, and retirement. Contact Latimer H. Booth, MD, Chief, Department of Surgery, The Permanente Medical Group, Inc, 260 International Cir, San Jose, CA 95119.

GENERAL INTERNIST needed for large hospital-based multispecialty clinic. University associated residency program. Attractive salary and complete benefit package. Pleasant setting. BC/BE. California license required. Contact Dennis L. Ostrem, MD, Chief Internal Medicine, The Permanente Medical Group, Inc, PO Box 254999, Sacramento, CA 95865-4999 or call (916) 973-5781. An Equal Opportunity Employer.

Western States OPENINGS

Many multispecialty groups and hospitals have asked us to recruit for over 300 positions of various specialties. Both permanent and locum tenens. Send CV to:
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PHYSICIAN OPENING. Ambulatory care/minor emergency center. Full/part-time for Family Practice/Internal Medicine/Emergency Medicine trained, experienced physician located in Tacoma area. Flexible scheduling, pleasant setting, quality medicine. Contact David R. Kennel, MD, 5900 100th St Southwest, Ste 31, Tacoma, WA 98499; (206) 584-3023 or 582-2542.

ARIZONA-BASED PHYSICIAN recruiting firm has opportunities coast-to-coast. "Quality Physicians for Quality Clients since 1972." Call (602) 990-8080; or send CV to Mitchell & Associates, Inc, PO Box 1804, Scottsdale, AZ 85252.

PORTLAND, OREGON. Established, rapidly growing practice seeks BE/BC Internist. Multispecialty group active in private and HMO practice with satellite office. Salary and benefits first two years lead to partnership. Send CV to SMC, 10535 NE Glisan St, Portland, OR 97220, Attn: Dick Hamilton; (503) 256-0594.

FAMILY PRACTICE, PUGET SOUND. 23 physician multispecialty group is seeking Family Practitioner. Our facility has in-house lab and x-ray facilities and is conveniently located one block from Level III hospital. Attractive salary and benefits; partnership opportunity. Send CV to Carol Larsen, Acting Director, c/o The Western Clinic, PO Box 5467, Tacoma, WA 98405.

RHEUMATOLOGIST. Immediate opening for BC/BE Rheumatologist with large prepaid group practice in San Francisco bay area. Busy clinical practice with opportunities for teaching and research. University appointment possible. Competitive salary. Generous benefit package. Respond with CV to Joseph Mason, MD, Chief, Department of Medicine, Permanente Medical Group, 260 International Cir, San Jose, CA 95119, or phone (408) 972-6560.

(Continued on Page 245)

(Continued from Page 241)

PHYSICIANS WANTED

WASHINGTON. Expanding physician-owned emergency group has opening for full-time career-oriented Emergency Physicians in south central Washington. Flexible work schedules, excellent working and living conditions. Send CV to EMP, PC, PO Box 805, Cheyenne, WY 82003; or contact Donald Kougl, MD, (307) 632-1436.

WASHINGTON. Openings for career oriented Emergency Physicians, BC/BE in Emergency or Primary medical specialty. In a Seattle metropolitan hospital with 35,000 annual visits. Excellent salary with partnership potential in stable, growing group. Contact Beth Welsh at Valley Medical Center, 400 S. 43rd St, Renton, WA 98055.

SACRAMENTO. BC/BE Family Physicians needed for full-time primary care clinic, part-time ER/part-time primary care clinic, or full-time in our ER. We are a large-staff model HMO offering competitive salary, excellent benefit package, and shareholder status. California license required. Contact Richard Fury, MD, 1001 Riverside Ave, Roseville, CA 95678 or call (916) 784-4620. EOE.

ASSOCIATE MEDICAL DIRECTOR. Excellent opportunity for BC physicians to become a part of the Medical Department of one of the largest utilization and case management corporations in the U.S. The company specializes in remote utilization review, and in managed medical care for corporate and insurance carrier clients coast-to-coast. There will be an opportunity to work with physicians and develop treatment plans and alternate treatment sites for patients on a nationwide basis. Opportunities for input into corporate programs and strategic planning also exist. Utilization review experience is preferred but not necessary. Specialty Board certification is required. Respond to Director, Medical Department, 3200 S. Highland Ave, Downers Grove, IL 60515-1223.

SAN FRANCISCO. Outstanding opportunity for BC/BE Internist, Family Practitioner, OB/GYN, or Orthopedic Surgeon at 260-bed community hospital in the dynamic South of Market area. Excellent opportunity to join busy, growing practices. Competitive salary and benefits package. Send CV to Walter Kopp, St. Luke's Hospital, 3555 Army St, San Francisco, CA 94110; (415) 641-6543.

ORTHOPEDIST. The West Coast's leading Occupational/Family Practice medical provider has full-time/part-time opportunities for Orthopedic Specialists in California and Washington (Seattle/Tacoma). Attractive package includes guaranteed salary, incentive bonus and benefits. Current license. Contact Thom Catlett, Vice President, 3 Corporate Plaza, #206, Newport Beach, CA 92660; call COLLECT (714) 476-8743. Join our dynamic team of professionals. Practice and live in an incomparable environment.

SURGERY, CALIFORNIA. BE/BC General/Thoracic Surgeon to join staff of 14 physician multispecialty group located in the central San Joaquin Valley. Competitive starting salary and full benefits. Excellent living and practice environment. Send CV to William R. Winn, MD, Kaweah Medical Group, Inc., 222 West Willow St, Visalia, CA 93291.

NORTHERN CALIFORNIA, EMERGENCY MEDICINE. Full-time positions available in the Emergency Department at the University of California, Davis, Medical Center. The University serves a large region of northern California and is a major trauma center. Emergency physicians teach and supervise medical students and housestaff (240 per year) in addition to treating patients. Emergency Department physicians also provide medical control for UCDMC Life Flight, director of base station activities, and are actively involved in trauma care. Opportunities exist for involvement in other UCD School of Medicine teaching activities. Applicants should send CV to Robert W. Derlet, MD, Chief, Division of Emergency Medicine, University of California, Davis, Medical Center, 2315 Stockton Blvd., Sacramento, CA 95817.

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Several positions available for Family Practice, Internal Medicine, and most subspecialties. We are a young aggressive group in a well known HMO organization with excellent benefits and a very reasonable call schedule. You will enjoy the patient population with ample time to enjoy the mountains and San Francisco which are nearby. If interested please call or send CV to Physician Recruitment, Administration, Kaiser Permanente Medical Group, Inc, 1305 Tommydon St, Stockton, CA 95210; (209) 476-3300.

FAMILY PRACTITIONERS. BE/BC for pre-paid medical group in San Francisco bay area. Send CV to James Conroy, MD, The Permanente Medical Group, Inc, 260 International Cir, San Jose, CA 95119, or call (408) 972-6339.

SOUTH DAKOTA, SIOUX FALLS. Expanding physician-owned emergency group has opening for full-time, career-oriented Emergency Physicians in South Dakota. Excellent benefits including malpractice, disability, health insurance, profit sharing, etc. Flexible work schedules, excellent working and living conditions. Send CV to PO Box 805, Cheyenne, WY 82003; or contact Donald Kougl, MD, (307) 632-1436.

MONTANA. BC Family Practitioner seeks partner with interests in Obstetrics and Rural Medicine to join busy practice in southeast Montana. Office on hospital/NH campus. First year income guarantee, relocation assistance, and other benefits. Enjoy comforts of friendly small community living and recreation that only Montana can offer! Send CV to Cynthia Lacro, PROSEARCH, 305 NE 102nd Ave, Portland, OR 97220; (800) 237-6906.

URGENT—FAMILY PRACTICE/GENERAL PRACTICE Physicians needed for excellent solo and group opportunities across the US. For information, call (602) 990-8080; or send CV in confidence to Mitchell & Associates, Inc, PO Box 1804, Scottsdale, AZ 85252.

INTERNAL MEDICINE. San Francisco bay area—Immediate opening for BC/BE General Internist in large prepaid group practice. Busy outpatient and hospital practice. Medical house staff program. Opportunity for university appointment, teaching, and clinical research. Competitive salary. Generous fringe benefits including paid educational leave, vacation, insurance, retirement. Respond with CV to Joseph Mason, MD, Chief, Department of Medicine, The Permanente Medical Group, 260 International Cir, San Jose, CA 95119.

VENTURA (VENTURA COUNTY). Multispecialty group of 35 physicians has immediate positions available for BC/BE Cardiologist. This growth oriented group is located on the California coast, 60 miles north of Los Angeles. Invasive skills preferred. This is an excellent opportunity to join and grow with a successfully expanding group practice in a city chosen by *Money* magazine as one of the 10 most preferred cities to live in the USA. Guaranteed salary plus incentives. Excellent benefits. No investment required. City is a great place to raise a family in a clean environment. Send résumés to Recruitment, Cardiologist, 2705 Loma Vista Rd, Ventura, CA 93003.

(Continued on Page 246)

(Continued from Page 245)

PHYSICIANS WANTED

REGIONAL MEDICAL DIRECTORS

Southern California

CIGNA Private Practice Plan is seeking Medical Directors to supervise their Orange County and San Bernardino Regional Offices. Medical Directors provide physician back-up for utilization review and provider relations, advise plan managers regarding clinically-related issues, and provide support and education for IPA provider network.

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SUN VALLEY. INTERNIST with sub-specialty training in Gastroenterology, Neurology or Gerontology to practice sub-specialty plus primary care with quality multi-practice group. Well-equipped hospital. High quality life with outstanding year 'round recreation presents unique opportunity and professional challenge. CV and references with first letter please. Tom Peterson, PO Box 66, Sun Valley, ID 83353; (208) 622-4526.

VENTURA (VENTURA COUNTY). Multispecialty group of 35 physicians has immediate positions available for BC/BE General Internists. This growth oriented group is located on the California coast, 60 miles north of Los Angeles. Guaranteed salary plus incentives. Excellent benefits. No investment required. City is a great place to raise a family in a clean environment. Send résumés to Recruitment, Internist, 2705 Loma Vista Rd, Ventura, CA 93003.

GENERAL SURGEON—RARE OPPORTUNITY, BC/BE, to join internationally recognized Hernia Institute academically oriented. Send CV to Irving Lichtenstein, MD, c/o Lichtenstein Hernia Institute, 9201 Sunset Blvd, Ste 505, Los Angeles, CA 90069.

GENERAL INTERNIST OR BC FAMILY PRACTITIONER. Excellent opportunity to start or relocate in growing resort community in need of another physician. Hospital privilege a must. Will help a motivated individual. L. D. Lamothe, MD, 13120 Palm Dr, Desert Hot Springs, CA 92240.

INDUSTRIAL PHYSICIAN, California central coast. Successful Internal Medicine clinic with immediate opening for full-time MD. No nights or weekends. Internal Medicine experience desirable, Family Practice or Emergency Medicine background acceptable. Paid malpractice. Income competitive based on experience. Growing community of 80,000. Send CV to R. D. Shaw, MD, 1400 E Church St, Santa Maria, CA 93454; (805) 922-5811, ext 196.

PHYSICIANS WANTED

CALIFORNIA

Primary Care Physicians needed to work as *locum tenens* in northern California. Radiologists needed statewide. High salary, paid malpractice. Work whenever you like. Permanent placements as well.

Contact Carol Sweig, Director, (415) 673-7676. Western Physicians Registry, 710 Van Ness Ave. San Francisco, CA 94102.

ONCOLOGIST BC/BE to join multispecialty group near San Francisco. Excellent fringe benefits. Send CV to Dr Gary L. Hillman, Chief, Department of Medicine, The Permanente Medical Group, 1150 Veterans Blvd, Redwood City, CA 94063.

NORTHERN CALIFORNIA. Opportunity for a full-time position in a hospital-based urgent care center. Compensation is $40-45 per hour and malpractice is paid. If you are BE/BC in a primary specialty, we'd like to talk to you. Send your CV to Northern California Emergency Physicians, PO Box 214584, Sacramento, CA 95821 or call us at (916) 486-4414.

INTERNIST, BC/BE, California license. Duties will include outpatient, admissions, and in-patient care. Send résumé to Dr Susann J. Steinberg, Medical Director, Access Health Care, 26 California St, San Francisco, CA 94111.

BC/BE CARDIOLOGIST to join three invasive/noninvasive Cardiologists in practice, Portland, Oregon metropolitan area. Send CV to Number 105, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

FAMILY PRACTICE position available in Berkeley, California. Join two female MDs, two NPs and one PA in a busy, well-established practice. Permanent position to start at mutually agreed upon date in next 18 months. Must do OB. Please write East Bay Family Practice, 2500 Milvia St, Berkeley, CA 94704 or call (415) 540-8200, Edie Silber.

GERIATRICIAN/INTERNIST. We are seeking a BC Internist with Geriatric training or certification to join a group of two to practice Geriatric Medicine, actively participate in a university-affiliated teaching program, and assist in program development. Competitive salary and excellent fringe benefits. Send CV to Gary Steinke, MD, Santa Clara Valley Medical Center, 751 S Bascom Ave, San Jose, CA 95128.

RURAL COLORADO. Eight physician group practice is seeking BC/BE Family Practitioner, Med/Peds, or Internal Medicine Physician with an interest in some Pediatric care. Competitive salary, excellent recreational opportunities in a high mountain, agricultural valley. Contact Kris Steinberg, MD, (719) 589-2562; 1710 First St, Alamosa, CO 81101.

INTERNAL MEDICINE/CARDIOLOGY BC/BE to join busy multispecialty six doctor group located in medically sophisticated small community. Easy access to Seattle, Vancouver, BC, and San Juan Islands. Send CV to Harold R. Clure, MD, Fidalgo Medical Associates, PS, 24th & M Ave, Anacortes, WA 98221; or call (206) 293-3101.

FEMALE ORIENTED PRACTICE. Great potential for Family Practitioner or Internist with emphasis on primary care of women (no OB) in a small college town, Rocky Mountain setting. Associate, join or coverage with solo Internist. Must be easy to work with and have good patient rapport. Reply to Number 104, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

ENDOCRINOLOGIST BC/BE, with interest in diabetes, to assume established practice. Join a dynamic group of 10 Internists/Specialists. Outstanding initial guarantees and financial incentives. City of 50,000 is a regional referral center for 250,000. Local recreational and educational opportunities abound in this Pacific Northwest city with sunbelt climate. Send CV to Chris Nauta, Administrator, Internal Medicine Associates of Yakima, Inc, PS, 316 Holton Ave, Yakima, WA 98902.

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INTERNAL MEDICINE/FAMILY PRACTICE. Private practices available with established groups, physicians or hospital sponsored practices in Washington, Nevada, Texas, Louisiana, and Florida. For details, call Eloise Gusman, 1 (800) 535-7698 or (504) 893-4879 or send CV to PO Box 1685, Covington, LA 70434-1685.

STAFF PHYSICIAN. General/Family Practice Physician. Northern California clinic with large Medi-Cal clientele. Three physicians, two Physician Assistants. No Obstetrics. No Surgery. Near mountains, close to Sacramento, two and one-half hours to Lake Tahoe and San Francisco. Salary—$86,113 plus. Contact Jackie Travis, 938 14th St, Marysville, CA 95901; (916) 741-6259.

B/C FAMILY PRACTITIONER to join a very busy B/C physician in a well-established practice in southeastern New Mexico. Hunting, fishing, water sports, and skiing all in the area. Need a compassionate physician who likes to work. No OB. No Surgery. Partnership available after one year, if compatible. Send CV or contact Beto Gutierrez, MD, 2402 W Pierce, Ste 2A, Carlsbad, NM 88220; (505) 885-4167.

OAKLAND, CALIFORNIA. Physician BC/BE in Primary Care specialty wanted for emergency and inpatient work in east bay hospital. Must be able to handle acute care patients. Full/part-time. Base pay plus incentive. Call Dr D. Dreisbach, (415) 527-4755.

THE DEPARTMENT OF PEDIATRIC HEMATOLOGY/ONCOLOGY at Valley Children's Hospital is seeking a second, full-time hospital-based Pediatric Hematologist/Oncologist. The candidate must be BC/BE in Pediatric Hematology/Oncology. Responsibilities include patient care, teaching, and clinical research. Valley Children's Hospital is affiliated with the Children's Cancer Study Group and with the University of California, San Francisco, Fresno Pediatric Residency Program. Please contact Stan Schofield, Assistant Vice President, Medical Affairs, Valley Children's Hospital, 3151 N. Millbrook, Fresno, CA 93703.

FAMILY PRACTICE (GERIATRICS). Full-time faculty position for a BC Family Physician with a special interest in Geriatrics in an 18 resident, 7 faculty rural program affiliated with the University of California, Davis. Large clinical component, including out-patient care and supervising residents on in-patient services and in convalescent hospitals. Send inquiries with CV to J. E. Hughell, MD, Director, Family Practice Residency Program, Merced Community Medical Center, PO Box 231, Merced, CA 95340; (209) 385-7172. EOE.

NEW MEXICO NEEDS PHYSICIANS! Outstanding career opportunities available for Family Practitioners, Pediatricians, and Psychiatrists. BC/BE preferred. Both guaranteed salary and fee-for-service with incentive options are available. Contact NM Health Resources, PO Box 27650, Albuquerque, NM 87125; (505) 242-0633.

(Continued on Page 248)

(Continued from Page 246)

PHYSICIAN WANTED

INTERNAL MEDICINE. Full-time position for a BC/BE Internist in an 18 resident, 7 faculty rural Family Medicine Program affiliated with the University of California, Davis. Duties will include supervising residents on the medical ward and in the ICU/CCU areas. Excellent salary. Send inquiries with CV to J. E. Hughell, MD, Director, Family Practice Residency Program, Merced Community Medical Center, PO Box 231, Merced, CA 95340; (209) 385-7172. EOE.

SAN DIEGO, CALIFORNIA. Hospital affiliated Primary Care group seeking additional associates. BC/BE in Family Medicine and Internal Medicine. New state-of-the-art, outpatient primary care centers. Excellent compensation package with benefits and incentive. Send CV to Medical Director, Mercy CarePoint Medical Group, 1011 Camino Del Rio South, Ste 450(Q), San Diego, CA 92108.

CALIFORNIA. Full-time Emergency Medicine attending position availabe at 233-bed teaching hospital in the heart of the San Joaquin-Sacramento River Delta. $75-$100,000 plus per year with flexible scheduling, camaraderie, and paid malpractice. Send CV to Richard Buys, MD, PO Box 1020, Stockton, CA 95201 or call (209) 468-6818. Affirmative Action/Equal Opportunity Employer.

INTERNIST. San Francisco bay area HMO seeks BC/BE Internist to join dynamic multispecialty group. Excellent salary and fringe benefits. Send CV and references to Dr Michael Getzell, Kaiser Permanente, 27400 Hesperian Blvd, Hayward, CA 94545.

FAMILY PRACTICE. Steinbeck country, BC/BE Family Practitioner to join dynamic group; includes hospital care, OB, shared call. Spanish helpful. Many visiting consultants, good guarantee with chance for early partnership. Many fringes. One hour to Monterey, three hours to San Francisco. Call or write: Helen Poole, 210 Canal St, King City, CA 93930; (408) 385-5471.

HEMATOLOGIST/ONCOLOGIST, WASHINGTON STATE. BC/BE immediate opportunity to take over established practice within the Hematology/Oncology (three and one-half physician) Division of the Rockwood Clinic, a 60 member multispecialty group. Competitive salary and benefits leading to early shareholder status. Spokane (metropolitan population 350,000) offers affordable housing, excellent schools, cultural activities, and unlimited outdoor recreation. Send CV to Colleen Mooney, Recruitment Coordinator, Rockwood Clinic, TAF C-13, Spokane, WA 99220-4013; (509) 448-1304.

PEDIATRICIAN/NEONATOLOGIST AND PEDIATRICIAN. Multispecialty group seeks full-time BC/BE Pediatrician/Neonatologist and Pediatrician. Attractive compensation/benefits. Contact Don Robertson, Administrator, The Moore-White Medical Group, 266 S. Harvard Blvd, Los Angeles, CA 90004; (213) 386-8440.

FAMILY PRACTITIONER needed for rural underserved area in Hawaii. Full-time position in nonprofit community health clinic. No OB, hospitalizations optional. Desire dedicated person to work in multicultural setting. Contact Alan Chun, MD, Waianae Coast Comprehensive Health Center, 86-260 Farrington Hwy, Waianae, HI 96792; (808) 696-7081.

NEW MEXICO. Family Medical Centers, which operates three clinics in New Mexico, seeks physician specializing in Internal Medicine or Family Practice to join two full-time physicians in modern, busy clinic in Truth or Consequences, New Mexico. Clinic is well equipped and staffed to support quality medical services, with local hospital for patient admissions. No OB. Respond with résumé to Terry Smith, Administrator, 1605 A-1 El Paseo Rd, Las Cruces, NM 88001. Telephone inquiries (505) 523-2321.

PHYSICIANS WANTED

MEDICAL DIRECTOR/FAMILY PHYSICIAN. San Francisco bay area community clinic needs part-time Medical Director, flexible hours, with clinical and administrative duties. Competitive pay, malpractice provided. Contact Lisa Jafferies, 2470 Alvin Ave, #3, San Jose, CA 95121; (408) 274-8400. Start date—summer.

RADIOLOGIST, BC/BE for a 120 bed hospital. California license. General Radiology including CT, ultrasound, and nuclear medicine. Send CV to Dr H. Hashim, c/o Delano Regional Medical Center, PO Box 460, Delano, CA 93216.

OCCUPATIONAL/FAMILY PRACTICE. Extensive Occupational/Family Practice network of rapidly growing medical center in Pacific northwest has excellent full/part-time opportunities throughout California and Washington (Seattle/Tacoma). Regular hours and a balanced professional/personal lifestyle. Attractive salary/incentives/benefits/malpractice. Current state license. Prior Occupational/Family Practice experience. Join our dynamic team of professionals. Contact Director, Personnel, ReadiCare/CHEC, 446 Oakmead Pkwy, Sunnyvale, CA 94086; (408) 737-8531, (800) 237-3234.

NEW MEXICO communities have excellent private practice opportunities available for the following specialties: BC/BE Family Practitioners, Internists, OB/GYNs, and Orthopaedic Surgeons. Financial assistance available on all opportunities. For further information, please submit CV to Bill Norris or Rita Longino, Southwest Community Health Services, PO Box 26666, Albuquerque, NM 87125-6666; or call 1 (800) 545-4030, ext 8300.

INTERNIST OR GENERAL PRACTITIONER, BC/BE. For Family Practice in a large, central California community and migrant health clinic located in the central San Joaquin Valley serving large Hispanic and southeast Asian medically underserved population. Competitive salary with excellent fringe benefits and paid malpractice. Send CV and inquiries to Director, Sequoia Community Health Foundation, Inc, 2790 S. Elm Ave, Fresno, CA 93706.

EMERGENCY MEDICINE, well established, Board certified group needing BC/BE Emergency Department Physician. Competitive salary plus benefits. 19,000 annual visits with high acuity. Unlimited recreational opportunities in an ideal community. Michael Parnell, MD, (509) 662-1511 or send CV to Wenatchee Emergency Physicians, PO Box 4600, Wenatchee, WA 98807.

HAVE THE BEST OF BOTH WORLDS. Rural group practice, easy commute 40 minutes to larger city. Excellent clinical practice with option for close ties to academic hospitals and part-time teaching. BC/BE Family Practitioner to join with three Family Practitioners/OB/GYN/two Pediatricians/General Surgeon, adjacent to hospital. Attractive salary/incentives. Excellent outdoor recreational opportunities. Send CV to Peter Bauer, MD, Medical Director, Family Practice Group, 255 South 1st East, Tooele, UT 84074; (801) 882-0423.

FAMILY PRACTICE. BC Family Practitioner needed in eastern Colorado community of 4,000. Call coverage and affiliation with Family Practitioner resident program in Denver available. Minor surgeries and OB involved. Two physicians recently retired leaving large gap with unlimited potential. Very attractive financial package including $80-$100,000 net guarantee, all expenses and overhead with benefits. Contact Paul Clukies, Jackson & Coker, 400 Perimeter Center Terrace, Ste 760 AFP8, Atlanta, GA 30346; 1 (800) 544-1987 or 1 (800) 888-0121.

CALIFORNIA. BE/BC Internist to join staff of eight Internists in 14 physician multispecialty group located in central San Joaquin Valley. Competitive starting salary and full benefits. Excellent living and practice environment. Send CV to Frank Kelley, MD, Kaweah Medical Group, 222 W. Willow, Visalia, CA 93291.

PHYSICIANS WANTED

DIAGNOSTIC RADIOLOGISTS. Central California HMO backed by major corporation seeks Generalist. Guaranteed competitive salary and benefit package with additional fee-for-service income opportunities. Practice in hospital with full service capabilities. All administrative needs provided by HMO. Situated in the heart of California close to major metropolitan and recreational areas. Submit CV immediately to Valley IPA, 1524 McHenry Ave, Ste 425, Modesto, CA 95350.

TWO BAY AREA (NEAR SAN FRANCISCO) SPECIALISTS need a third BC/BE in Oncology/Hematology Physician to join practice. Some Internal Medicine required. Reply with CV to PO Box 218, San Leandro, CA 94577.

OPPORTUNITY FOR A PROPERLY TRAINED GENERAL PHYSICIAN

in a well established practice of a retiring physician. Growing, prosperous community with a large hospital with open staff. No investment required.
Replies to **801 S. Fifth Ave, Yuma, AZ 85364.**

VENTURA (VENTURA COUNTY). Multispecialty group of 35 physicians has immediate positions available for BC/BE Internist/Pulmonologist. This growth oriented group is located on the California coast, 60 miles north of Los Angeles. Guaranteed salary plus incentives. No investment required. Excellent benefits. City is a great place to raise a family in a clean environment. Send résumés to Recruitment, Internist/Pulmonologist, 2705 Loma Vista Rd, Ventura, CA 93003.

VENTURA (VENTURA COUNTY). Multispecialty group of 35 physicians has immediate positions available for BC/BE Family Practitioner. This growth oriented group is located on the California coast, 60 miles north of Los Angeles. Guaranteed salary plus incentives. No investment required. Excellent benefits. City is a great place to raise a family in a clean environment. Send résumés to Recruitment, Family Practitioner, 2705 Loma Vista Rd, Ventura, CA 93003.

PORTLAND, OREGON. Practice opportunities available for BC/BE Family Practitioners and General Internists. Full specialty back-up; call sharing available. Affiliate with progressive community hospital. Practice assistance includes salary guarantee, rent, relocation allowance. Send CV to Cynthia Lacro, Woodland Park Hospital, 10300 NE Hancock St, Portand, OR 97220; (503) 257-5671.

FAMILY PHYSICIANS. BC/BE, full- and part-time positions available with Obstetrics optional, to work with multispecialty group practice in the Seattle area. Attractive salary and benefits. Send CV to Pacific Health Associates, Northgate Clinic, 10416 5th Ave NE, Seattle, WA 98125, Attn: Peter Hohn, MD.

WYOMING. Immediate opening for experienced Emergency Room Physician. Competitive salary, occurrence liability insurance, excellent working conditions, new facility, low to moderate volume. Excellent outdoor recreation, hunting, fishing, one hour from nationally known ski slopes and Salt Lake City. Please call Richard Rosenthal, MD, in Evanston, Wyoming at (307) 789-3636 or write Evanston Regional Hospital, 190 Arrowhead Dr, Evanston, WY 82930.

PERFUSIONIST (CLINICAL). Minimum six months experience with BS degree Perfusion Technology and Board certified by the American Board of Cardiovascular Perfusion. Will set up and operate the heart and lung machine, monitor the intra aortic balloon device, set up pressure transducers, and perform blood gases and potassiums during surgical procedures. Please send your résumé to Pacific Cardiothoracic Surgery Group, 201 S. Alvarado St, Ste 626, Los Angeles, CA 90057. Salary: $38,800.

(Continued on Page 249)

(Continued from Page 248)

SITUATION WANTED

URGENT CARE PHYSICIAN. MD-JD, BCIM, 10 years Emergency Room experience, seeks full-time or part-time Urgent Care-Ambulatory Medicine or administrative practice south San Francisco bay area. Reply to Number 103, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

GENERAL PRACTITIONER, 39 years old, wants to settle in New Mexico. Family man, Christian, hard worker. Looking for locum tenens, full- or part-time position. Reply to Number 109, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

PATHOLOGIST—NEW MEXICO. Looking for locum tenens or full-time position. AP-CP, American born and trained. Contact F. Chin, MD, 1414 Erin, Monroe, LA 71201; (318) 388-2583.

PRACTICES AVAILABLE

NORTHERN ARIZONA FAMILY PRACTICE. Office building and well-established solo practice for sale in Flagstaff in the peak and canyon country. Ideal location for family—good schools, university, and plenty of outdoor activities. Kirk R. Stetson, MD, 119 W Fine St, Flagstaff, AZ 86001; (602) 774-6671.

SOUTHERN CALIFORNIA FAMILY PRACTICE, established, well-equipped modern office in beautiful city of 100,000 population. PO Box 922 NPS, Thousand Oaks, CA 91320. Please send CV with inquiry.

BEAUTIFUL CENTRAL CALIFORNIA COAST. Well-established solo Family Practice with emphasis on Geriatrics/Internal Medicine. Patients and space for two physicians; limited lab and x-ray equipment on site. 12 miles to two acute care hospitals. Respondent must be BC in Family Practice or Internal Medicine. For further information, send CV to Number 107, Western Journal of Medicine, PO Box 7602. San Francisco, CA 94120-7602.

GENERAL PRACTITIONER retiring. Long-standing practice in Eureka, California. $120,000 includes real estate, office and medical equipment, accounts receivable. Terms available. Contact Stuart Rosenberg, Coldwell Banker Cutten Realty, (707) 445-8811.

ORANGE COUNTY CARDIOLOGY PRACTICE. A quality, long established practice made available by physician leaving area. Collection rate $274,740 per year in first five months of 1988. Will introduce. Terms to qualified Cardiologist. Send inquiries and CV to PO Box 5621, Orange, CA 92613-5621.

SAN DIEGO—PEDIATRIC—OB/GYN AND OTHER SPECIALTY PRACTICES AVAILABLE. Long established—doctors retiring. Various prices—low down payments. C.B.I., (619) 283-7009.

MINOR EMERGENCY AND GENERAL PRACTICE CLINIC FOR SALE—Coeur d'Alene, Idaho. Excellent lease, location, support staff easily providing for two physicians. Lab, exam, x-ray equipment. No OB, excellent specialty support; hospital practice optional. One of the nicest practices in the western United States. Box 655, Hayden Lake, ID 83835.

INTERNAL MEDICINE/ENDOCRINOLOGY PRACTICE FOR SALE. Exceptionally good income and attractive location in a northwestern state with world class outdoor activity. Reply to Number 110, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

THRIVING SURGICAL PRACTICE for sale due to untimely death of physician. Sale price negotiable. Active progressive medical community in beautiful central Washington. Excellent community hospitals. Wonderful family outdoor environment. (509) 453-5752; 1111 W. Spruce, #30, Yakima, WA 98902.

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EXCELLENT SKIING! Three person Family Practice group desires BC/BE Family Physician for locum tenens November 1988 through January 1989 while one member on maternity leave. Hours flexible including part-time. No Obstetrics. Contact Gail Eberharter, MD, (208) 344-7799, 801 Stilson, Ste A, Boise, ID 83703.

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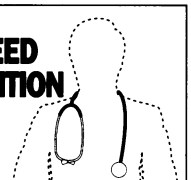

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Contact Carol Sweig, Director, (415) 673-7676. Western Physicians Registry, 710 Van Ness Ave, San Francisco, CA 94102.

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GLENDALE, ARIZONA. Medical office space available. 705 square feet at the Thunderbird Medical Plaza I, 5422 W. Thunderbird Rd, Ste 19C, Glendale, AZ. Call Sharad Bellapravalu, MD, (602) 938-1300.

GROWTH AREA OF SANTA CLARA VALLEY. New medical office space for lease in the growth area of Silicon Valley—Morgan Hill, California. Easy access, abundant parking, well located, generous tenant improvement allowances. Excellent patient referral sources. Contact Dr Jon Hatakeyama, (408) 779-7391.

REAL ESTATE

GREER, ARIZONA. Vacation home on two plus acres, secluded location. Lots of pines. Private well. Fireplace, covered deck, two bedrooms and upstairs bedroom, separate studio and workshop. $185,000. Call Russell, (602) 333-2121; Century 21 Ponderosa Realty, PO Box 1888, Springerville, AZ 85938.

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OB/GYN . . . Dermatology . . . Family . . . Pediatric . . . Otolaryngology, Internal, Neurology, Orthopedics, Psychiatry, Pulmonary, Surgery, others. BRADSHAW ASSOCIATES, Practice Sales, Nationwide MD Recruitment, Practice Valuations. Send CV to 21 Altamount, Orinda, CA 94563, or phone (415) 376-0762.

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CLASSIFIED INFORMATION

(415) 882-5178

(Continued on Page 250)

(Continued from Page 249)

MISCELLANEOUS

DISPENSE YOUR OWN DRUGS. See May 16, 1988 *Medical Economics*, p. 67. For further information: Sara Co., PO Box 321, San Francisco, CA 94101. You can do it yourself.

COMPUTER INFORMATION

COMPUTERIZE YOUR MEDICAL BILLING. Remarkably easy-to-use software. Prints bills, statements, insurance forms. Menu-driven. Reports aging balances, referral sources, income by time period, medical procedure codes, diagnostic codes and more. Installs automatically. IBM and compatibles—hard disk or floppies. Solo or group practice $685 (California add tax), MC/VISA. Full customer support. Demo disk with 46-page manual ($19 + $3s/h). Call or write REM Systems, Inc, 180 Emerson St, Palo Alto, CA 94301; (415) 322-0369.

2V STAT. Medical diagnostic and therapeutic decision support software, covering 69 specialties. Medical algorithms (flow charts) are grouped according to sign, symptom, complaint, organ and system, specialty, age, and MDC/DRG. Updated medical knowledge at fingertips! ONLY $5,490 for complete turnkey system (2V STAT software, knowledge base (69 specialties), and computer with 80286/10 CPU Turbo, 40 MB HD, EGA monitor and card, printer and 40 MB backup). 2V STAT, 2480 Windy Hill Rd, Ste 201, Marietta, GA 30067; (404) 956-1855.

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FOR PHYSICIANS AND RESIDENTS. UNSECURED signature loans $5,000-$60,000, no points or fee, competitive rates—level payments, up to six years to repay. Deferred Principle Option. Confidential—rapid processing. For information and application call toll-free (800) 331-4952, MediVersal Dept. 114.

CONTINUING MEDICAL EDUCATION

(Continued from Page 244)

COURSE SPONSORS AND CONTACT INFORMATION

CME HARBORVIEW—Contact: Gayle Splater, Cytology Continuing Education, Dept. of Pathology, Harborview Medical Center, 325 Ninth Avenue, Seattle, WA 98104. (206) 223-5953.

CME PIERCE COUNTY—Contact: Mrs Maxine Bailey, Executive Director, College of Medical Education, 705 South Ninth, No. 203, Tacoma, WA 98405. (206) 627-7137.

U/W (UNIVERSITY OF WASHINGTON)—Contact: U/W School of Medicine, Div. of CME, SC-50, Seattle, WA 98195. (206) 543-1050.

WSMA—Washington State Medical Association, Continuing Medical Education, 2033 Sixth Ave, Suite 900, Seattle, WA 98121. (206) 441-9762.

VMMC (VIRGINIA MASON MEDICAL CENTER)—Contact: Linda Orgel, Division of Continuing Medical Education, Virginia Mason Medical Center, PO Box 900, Seattle, WA 98111. (206) 223-6898.

WYOMING

September 9—**Thrombolysis and Hemostatic Disorders.** West Park Hospital, Cody. Fri. Contact: Elaine Nestell, Education Director, West Park Hospital, 707 Sheridan Ave, Cody 82414. (307) 527-7501, ext 250, or 1 (800) 654-9447.

September 14-18—**Wilderness Medicine '88—Annual Meeting of the Wilderness Medical Society.** Jackson Lake Lodge, Grand Teton National Park. Wed-Sun. Contact: Diag Simpkins, Wilderness Medical Society, PO Box 397, Point Reyes Station, CA 94956. (415) 663-9107.

September 17-18—**Medicine Update.** Creighton University School of Medicine at Inn at Jackson Hole, Teton Village. Sat-Sun. 10 hrs. Contact: Division of CME, Creighton University School of Medicine, Omaha, NE 68178. (800) 548-2633. ◆

References: 1. Rubin RH, Swartz MN: *N Engl J Med 302*:426-432, Aug 21, 1980. 2. BAC-DATA Medical Information Systems, Inc., Volume I, 1986.

Bactrim™
(trimethoprim and sulfamethoxazole/Roche)

Before prescribing, please consult complete product information, a summary of which follows:
CONTRAINDICATIONS: Hypersensitivity to trimethoprim or sulfonamides; documented megaloblastic anemia due to folate deficiency; pregnancy at term and during the nursing period; infants less than two months of age.
WARNINGS: FATALITIES ASSOCIATED WITH THE ADMINISTRATION OF SULFONAMIDES, ALTHOUGH RARE, HAVE OCCURRED DUE TO SEVERE REACTIONS, INCLUDING STEVENS-JOHNSON SYNDROME, TOXIC EPIDERMAL NECROLYSIS, FULMINANT HEPATIC NECROSIS, AGRANULOCYTOSIS, APLASTIC ANEMIA AND OTHER BLOOD DYSCRASIAS.
BACTRIM SHOULD BE DISCONTINUED AT THE FIRST APPEARANCE OF SKIN RASH OR ANY SIGN OF ADVERSE REACTION. Clinical signs, such as rash, sore throat, fever, arthralgia, cough, shortness of breath, pallor, purpura or jaundice, may be early indications of serious reactions. In rare instances a skin rash may be followed by more severe reactions, such as Stevens-Johnson syndrome, toxic epidermal necrolysis, hepatic necrosis or serious blood disorder. Perform complete blood counts frequently.
BACTRIM SHOULD NOT BE USED IN THE TREATMENT OF STREPTOCOCCAL PHARYNGITIS. Clinical studies show that patients with group A β-hemolytic streptococcal tonsillopharyngitis have a greater incidence of bacteriologic failure when treated with Bactrim than with penicillin.
PRECAUTIONS: *General:* Give with caution to patients with impaired renal or hepatic function, possible folate deficiency (*e.g.*, elderly, chronic alcoholics, patients on anticonvulsants, with malabsorption syndrome, or in malnutrition states) and severe allergies or bronchial asthma. In glucose-6-phosphate dehydrogenase deficient individuals, hemolysis may occur, frequently dose-related.
Use in the Elderly: May be increased risk of severe adverse reactions in elderly, particularly with complicating conditions, *e.g.*, impaired kidney and/or liver function, concomitant use of other drugs. Severe skin reactions, generalized bone marrow suppression (see WARNINGS and ADVERSE REACTIONS) or a specific decrease in platelets (with or without purpura) are most frequently reported severe adverse reactions in elderly. In those concurrently receiving certain diuretics, primarily thiazides, increased incidence of thrombocytopenia with purpura reported. Make appropriate dosage adjustments for patients with impaired kidney function (see DOSAGE AND ADMINISTRATION).
Use in the Treatment of Pneumocystis Carinii Pneumonia in Patients with Acquired Immunodeficiency Syndrome (AIDS): AIDS patients may not tolerate or respond to Bactrim in same manner as non-AIDS patients. Incidence of side effects, particularly rash, fever, leukopenia, elevated aminotransferase (transaminase) values, with Bactrim in AIDS patients treated for *Pneumocystis carinii* pneumonia reported to be greatly increased compared with incidence normally associated with Bactrim in non-AIDS patients.
Information for Patients: Instruct patients to maintain adequate fluid intake to prevent crystalluria and stone formation.
Laboratory Tests: Perform complete blood counts frequently; if a significant reduction in the count of any formed blood element is noted, discontinue Bactrim. Perform urinalyses with careful microscopic examination and renal function tests during therapy, particularly for patients with impaired renal function.
Drug Interactions: In elderly patients concurrently receiving certain diuretics, primarily thiazides, an increased incidence of thrombocytopenia with purpura has been reported. Bactrim may prolong the prothrombin time in patients who are receiving the anticoagulant warfarin. Keep this in mind when Bactrim is given to patients already on anticoagulant therapy and reassess coagulation time. Bactrim may inhibit the hepatic metabolism of phenytoin. Given at a common clinical dosage, it increased the phenytoin half-life by 39% and decreased the phenytoin metabolic clearance rate by 27%. When giving these drugs concurrently, be alert for possible excessive phenytoin effect. Sulfonamides can displace methotrexate from plasma protein binding sites, thus increasing free methotrexate concentrations.
Drug/Laboratory Test Interactions: Bactrim, specifically the trimethoprim component, can interfere with a serum methotrexate assay as determined by the competitive binding protein technique (CBPA) when a bacterial dihydrofolate reductase is used as the binding protein. No interference occurs if methotrexate is measured by a radioimmunoassay (RIA). The presence of trimethoprim and sulfamethoxazole may also interfere with the Jaffé alkaline picrate reaction assay for creatinine, resulting in overestimations of about 10% in the range of normal values.
Carcinogenesis, Mutagenesis, Impairment of Fertility: Carcinogenesis: Long-term studies in animals to evaluate carcinogenic potential not conducted with Bactrim. *Mutagenesis:* Bacterial mutagenic studies not performed with sulfamethoxazole and trimethoprim in combination. Trimethoprim demonstrated to be nonmutagenic in the Ames assay. No chromosomal damage observed in human leukocytes *in vitro* with sulfamethoxazole and trimethoprim alone or in combination; concentrations used exceeded blood levels of these compounds following therapy with Bactrim. Observations of leukocytes obtained from patients treated with Bactrim revealed no chromosomal abnormalities. *Impairment of Fertility:* No adverse effects on fertility or general reproductive performance observed in rats given oral dosages as high as 70 mg/kg/day trimethoprim plus 350 mg/kg/day sulfamethoxazole.
Pregnancy: Teratogenic Effects: Pregnancy Category C. Trimethoprim and sulfamethoxazole may interfere with folic acid metabolism; use during pregnancy only if potential benefit justifies potential risk to fetus. Nonteratogenic Effects: See CONTRAINDICATIONS section.
Nursing Mothers: See CONTRAINDICATIONS section.
Pediatric Use: Not recommended for infants under two months (see INDICATIONS and CONTRAINDICATIONS sections).
ADVERSE REACTIONS: Most common are gastrointestinal disturbances (nausea, vomiting, anorexia) and allergic skin reactions (such as rash and urticaria). **FATALITIES ASSOCIATED WITH THE ADMINISTRATION OF SULFONAMIDES, ALTHOUGH RARE, HAVE OCCURRED DUE TO SEVERE REACTIONS, INCLUDING STEVENS-JOHNSON SYNDROME, TOXIC EPIDERMAL NECROLYSIS, FULMINANT HEPATIC NECROSIS, AGRANULOCYTOSIS, APLASTIC ANEMIA AND OTHER BLOOD DYSCRASIAS (SEE WARNINGS SECTION).**
Hematologic: Agranulocytosis, aplastic anemia, thrombocytopenia, leukopenia, neutropenia, hemolytic anemia, megaloblastic anemia, hypoprothrombinemia, methemoglobinemia, eosinophilia. *Allergic Reactions:* Stevens-Johnson syndrome, toxic epidermal necrolysis, anaphylaxis, allergic myocarditis, erythema multiforme, exfoliative dermatitis, angioedema, drug fever, chills, Henoch-Schoenlein purpura, serum sickness-like syndrome, generalized allergic reactions, generalized skin eruptions, photosensitivity, conjunctival and scleral injection, pruritus, urticaria and rash. Periarteritis nodosa and systemic lupus erythematosus have been reported. *Gastrointestinal:* Hepatitis (including cholestatic jaundice and hepatic necrosis), elevation of serum transaminase and bilirubin, pseudomembranous enterocolitis, pancreatitis, stomatitis, glossitis, nausea, emesis, abdominal pain, diarrhea, anorexia. *Genitourinary:* Renal failure, interstitial nephritis, BUN and serum creatinine elevation, toxic nephrosis with oliguria and anuria, crystalluria. *Neurologic:* Aseptic meningitis, convulsions, peripheral neuritis, ataxia, vertigo, tinnitus, headache. *Psychiatric:* Hallucinations, depression, apathy, nervousness. *Endocrine:* Sulfonamides bear certain chemical similarities to some goitrogens, diuretics (acetazolamide and the thiazides) and oral hypoglycemic agents; cross-sensitivity may exist. Diuresis and hypoglycemia have occurred rarely in patients receiving sulfonamides. *Respiratory:* Pulmonary infiltrates. *Musculoskeletal:* Arthralgia, myalgia. *Miscellaneous:* Weakness, fatigue, insomnia.
DOSAGE AND ADMINISTRATION: Not recommended for use in infants less than two months of age.
URINARY TRACT INFECTIONS AND SHIGELLOSIS IN ADULTS AND CHILDREN, AND ACUTE OTITIS MEDIA IN CHILDREN: *Usual adult dosage* for urinary tract infections is one DS tablet, two tablets or four teaspoonfuls (20 ml) *b.i.d.* for 10 to 14 days. Use identical daily dosage for 5 days for shigellosis. *Recommended dosage for children* with urinary tract infections or acute otitis media is 8 mg/kg trimethoprim and 40 mg/kg sulfamethoxazole per 24 hours, in two divided doses every 12 hours for 10 days. Use identical daily dosage for 5 days for shigellosis. *Renal Impaired:* Creatinine clearance above 30 ml/min, give usual dosage; 15-30 ml/min, give one-half the usual regimen; below 15 ml/min, use not recommended.
ACUTE EXACERBATIONS OF CHRONIC BRONCHITIS IN ADULTS: Usual adult dosage is one DS tablet, two tablets or four teasp. (20 ml) *b.i.d.* for 14 days.
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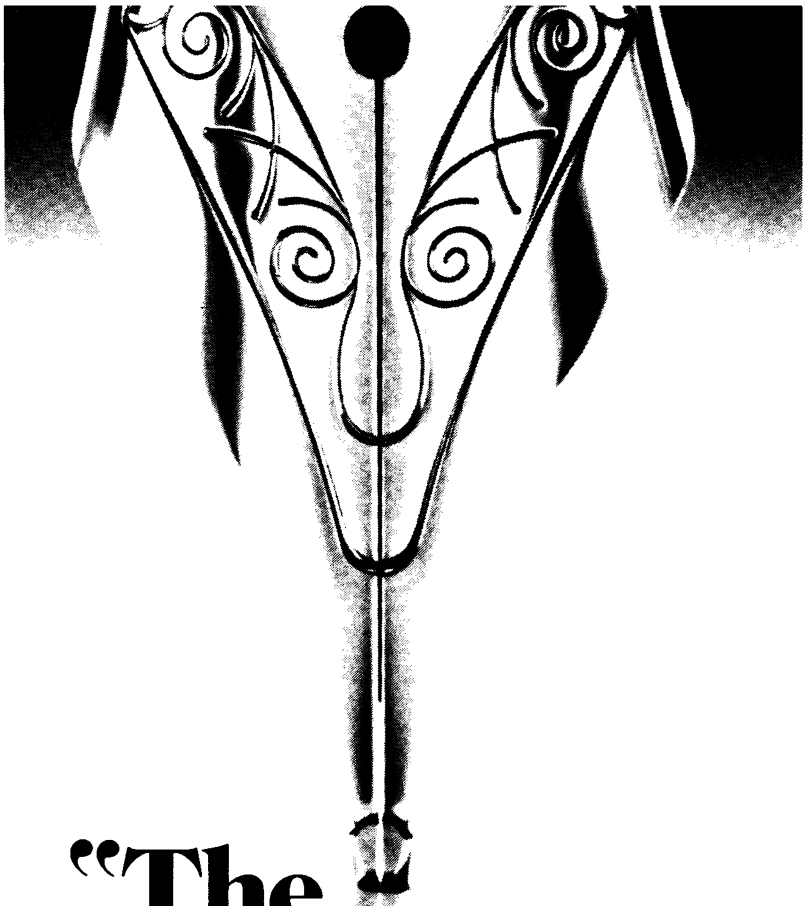

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